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Burkina Faso: Evaluation of the Logistics System for Antiretroviral Drugs

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Burkina Faso: Evaluation of the Logistics System for Antiretroviral Drugs

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Abstract

With an adult prevalence rate of 6.5 percent, Burkina Faso is, after Cote d'Ivoire, the country most affected by the HIV pandemic in West Africa. There are an estimated 380,000 people living with HIV/AIDS (PLWHA) in Burkina Faso, 58 percent of which are women. In order to address this situation, the Government of Burkina Faso has set an ambitious target of increasing the number of PLWHA on Anti-Retroviral Treatment (ART) from 1,500 to 30,000 by the end of 2005, as well as expanding VCT, PMTCT and related services. A team of DELIVER and USAID staff, working in collaboration with local ministry officials, implemented DELIVER's Tool to Assess Site Readiness for Initiating Antiretroviral Therapy (ART) to assess system capacity at the national and local levels to manage increased quantities of ARV drugs and the related services required to provide treatment. The team conducted interviews with key government, non-governmental, and private sector officials, and carried out site visits throughout the country in order to examine the existing logistics management systems that support HIV/AIDS prevention, treatment and care services. The assessment focuses on logistics systems, including procurement, storage, and distribution, currently used to manage contraceptives, condoms, HIV Tests, STI services, related laboratory commodities and ARVs. The assessment also examines infrastructure, human resource capacity, and MOH policies and procedures. The assessment looks at the current situation, identifies existing strengths and weaknesses, and provides recommendations for system improvement which will promote the availability of products needed to support the government's goal of expanded services. This assessment is intended to assist the Ministry of Health in Burkina Faso in identifying the logistical and clinical issues that need to be addressed to support the initiation and expansion of HIV continuum care of services for HIV/AIDS in the country. The assessment findings and recommendations are intended to be used by the MOH in furthering the development, implementation and expansion of the national HIV/AIDS program.

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Acronyms

3TC	lamivudine
ADB	African Development Bank
ADF	African Development Fund
AIDS	acquired immune deficiency syndrome
ALAAVI	<i>Association Laavi La Viim</i>
AMMIE	Association for Moral and Material Child Support
APRODEC	<i>Alianza pro Desarrollo de Ceiba</i>
ART	antiretroviral therapy
ARV	antiretroviral drug
ASAFF	<i>Association Action Faire Face au SIDA</i>
ATP	Accelerated Treatment Program
AZT	zidovudine (also ZDV)
BI	Boehringer-Ingelheim
CAMEG	Central Generic Essential Medicines Procurement Unit
CASO	Center for Social Action
CDC	Centers for Disease Control and Prevention
CDG	Charles DeGaulle Pediatric Hospital
CHN	national hospital
CHR	regional hospital
CICDoc	Center for Information, Counseling and Documentation for AIDS
CMA	Satellite Medical Center
CMLS	National Multisectoral AIDS Committee
CNLS	National AIDS Committee
CTA	Center for Outpatient Treatment
d4T	stavudine
DGPML	<i>Direction Général de la Pharmacie du Médicament et des Laboratoires</i>
DOTS	directly observed treatment short-course

DPML	Direction for pharmaceuticals, medicines and laboratory supplies
DRS	Regional Health Direction
DSF	Direction for Family Health
EDL	essential drug list
EFZ	efavirenz
ELISA	enzyme-linked immunosorbent assay
ESTHER	<i>Entraide pour une solidarité Thérapeutique Hospitalière En Réseau</i>
FDC	fixed-dose combination
FP	family planning
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GSK	Glaxo Smith Kline
HAART	highly active antiretroviral therapy
HBC	home-based care
HIPC	heavily indebted poor countries
HIV	human immunodeficiency virus
IDV	indinivir
IEC	Information, education, and communication
IST	infections sexuellement transmissibles
JSI	John Snow, Inc.
LMIS	logistics management information system
MAP	Multisectoral AIDS Program (World Bank)
MOH	Ministry of Health
MSF	<i>Médecins Sans Frontières</i>
NFV	nelfinivir
NGO	nongovernmental organization
NNRTI	non-nucleoside reverse transcriptase inhibitor
NRTI	nucleoside reverse transcriptase inhibitor
NVP	nevirapine
OI	opportunistic infection
OPALS	PanAfrican AIDS Organization
PAMAC	<i>Programme d'Appui au Monde Associatif et Communautaire de Lutte contre le VIH-SIDA</i>
PA-PMLS	Support Project for National Multisectoral AIDS/IST program (World Bank)
PCR	polymerase chain reaction

PEP	post-exposure prophylaxis
PI	protease inhibitors
PLWHA	people living with HIV/AIDS
PMLS	National Multisectoral AIDS Program
PMTCT	prevention of mother-to-child transmission
PNLS	<i>Programme National pour la Lutte contre SIDA</i>
PPLS	Population and AIDS Project
PRSS	Projet de Renforcement des Services de Santé
PSI	Population Services International
QA	quality assurance
QC	quality control
RAME	Network for Access to Essential Medicines (association)
RH	reproductive health
RTV	ritonavir
SDP	service delivery point
SFPS	Family Health and AIDS Prevention Project (Regional)
SP-CNLS	Permanent Secretariat of the National AIDS Committee
STI	sexually transmitted infection
TAC	Accelerated Treatment Initiative
TB	tuberculosis
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UNDP	United Nations Development Program
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
VL	viral load
WB	World Bank
WHO	World Health Organization
ZDV	zidovudine (also AZT)

Executive Summary

Burkina Faso is ready to rapidly expand its antiretroviral therapy (ART) program. There are currently approximately 1,500 patients; this number will be expanded rapidly with major funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria and increased funding from the World Bank. At this point, it is important to assess the capacity of the current logistics systems to handle this increase and to identify additional areas that need strengthening.

The specific objectives of the assessment were to—

- Identify strengths and limitations of the current Ministry of Health (MOH) logistics system for procurement, storage, and distribution of HIV/AIDS commodities, and provide recommendations for strengthening the system's capacity.
- Document and identify the current readiness for personnel and infrastructure to introduce and expand HIV/AIDS programs in selected MOH sites.
- Identify the MOH policies and procedures needed to support service delivery and enhance logistics management of HIV commodities and related laboratory supplies.

This study was carried out using—

- A review of key documents both in-country and prior to arrival.
- Interviews with key personnel, including policymakers, providers, and program managers, who represent the public, private, and nongovernmental organization (NGO) sectors.
- Site visits to several facilities—including national and regional hospitals and private facilities—that offer either ART or are scheduled to begin ART in the near future. Three tools, developed by DELIVER, were used to collect and analyze information:
 - The Central Level Questionnaire gathered information on overall national HIV/AIDS programs in Burkina Faso.
 - Three separate questionnaires—the Facility Logistics Management Questionnaire, the Facility Services and Infrastructure Questionnaire, and the Laboratory Capacity Questionnaire provided information on logistics management, clinical services, and laboratory services respectively at each service delivery point (SDP) visited.
 - The Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART) helped to translate the information provided and to classify sites according to their readiness to provide ART using a preestablished scale.

The main findings of the study were—

- National protocols defining treatment regimens and guidelines and testing protocols have been developed; however, dissemination and formalization of all of these guidelines can be improved.
- Burkina Faso has a wide range of financing sources for ART, including individual donors, government funds, NGOs, institutional donors such as the World Bank, and out-of-pocket payments. New financing sources, the most significant being the Global Fund, are about to begin. The government and other stakeholders have made a clear commitment to coordinate with both structures, and contacts are in place to ensure this.
- While provision has been made for using ability to pay to ensure that access to treatment is available to all, significant difficulties are associated with operationalization.

- Decisions on access to treatment apparently are made based only on medical criteria; policies expressing support for use of social criteria have not been translated into clear operational guidelines.
- A number of medical providers—doctors, pharmacists, nurses, and technicians—have a wealth of practical experience in ART. However, a number of sites that are scheduled to commence ART have providers with very limited training and no ART experience.
- While voluntary counseling and testing (VCT) and ART are primarily separate programs, it appears that there are good linkages between the programs and between ART and preventing mother-to-child transmission (PMTCT). However, linkages are not apparent between tuberculosis (TB) and ART programs.
- Several facilities have outstanding innovative programs that promote community involvement and adherence counseling. These programs are not used in all facilities, however, and guidelines are not available to help new facilities develop adherence programs.
- While most ARVs used in Burkina Faso are on the Essential Drugs List, there are a number of exceptions, particularly newer fixed-dose combinations (FDCs).
- The Central Generic Essential Medicines Procurement Unit (CAMEG) ensures coordinated procurement of all ARVs and coordinates with all service providers to prepare and revise ARV forecasts.
- To date, ARVs has never been stocked out in Burkina Faso; the system appears to be working well. It is not clear if this system will be able to support the projected rapid scale-up.
- At the facility level, most facilities have internally developed stock control systems that capture necessary information. A standardized system, however, would ensure reproducibility and maintain standards with less of an administrative burden on staff.
- Of the 13 facilities visited, eight are already providing ART and five hope to start in the near future. Only one site had serious constraints that would limit its ability to provide ART; this site, regional hospital (CHR) Banfora, has not yet begun ART. Staffing shortages and training issues need to be addressed at Banfora before it can start ART.

The primary recommendations of the evaluation are—

1. To strengthen the logistics system—

- design, document, and implement a national system for the management of antiretroviral (ARV) products and other products necessary for an ART program
- use a flexible forecasting and procurement system that can respond to the changes in program needs
- regularly update lists of ARVs authorized for use, including a timely process for registering new drugs
- design and implement a system for reporting information that includes essential logistics data reconciled with service statistics
- clearly define the roles and responsibilities of each player in the system, including, but not limited to, logistics functions
- standardize the tools and other supports (forms, reports, software) used in the logistics and distribution system
- include logistics indicators within the overall system for program supervision, monitoring, and evaluation
- produce and disseminate a logistics guide that will serve as the main reference tool for implementing all aspects of the logistics system.

2. To ensure adherence to directives, protocols, and algorithms for ART—

- produce and disseminate a service guide that will serve as the main reference for ART and include prices for drugs, treatment, and testing protocols; a minimum packet of activities, defined by level of care for ART, including opportunistic infection (OI) service; and a system of supervision and of monitoring and evaluation.

3. Other observations—

- promote regional procurement to obtain price reductions
- engage the participation of all players, partners, and community groups at all levels
- coordinate the various funding sources to ensure long-term product and resource availability
- maintain staff to ensure program expansion as part of WHO's 3 × 5 initiative.

4. ART and treatment protocols—

- officially ratify ART protocols so they can form the basis for future procurements
- put in place a procedure that will allow rapid approval of changes to protocols; streamline the procedure for approving drugs and placing them on the ED; and ensure that protocols are disseminated to all service delivery points.

HIV/AIDS in Burkina Faso

With an adult prevalence rate of 6.5 percent, Burkina Faso, after Côte d'Ivoire, is the country most affected by the HIV pandemic in West Africa. An estimated 380,000 people are living with HIV/AIDS (PLWHA) in Burkina Faso; the majority, 58 percent, are women. In 2001 alone, an estimated 44,000 deaths were attributed to AIDS, while an estimated 270,000 children have lost one or both parents to AIDS. The number of reported AIDS cases by 2001—18,144—masks the true extent of the pandemic. The most recently published sentinel data (2000) reported median infection rates in pregnant women of 6.3 percent in urban sites and 5.45 percent in rural sites.¹ AIDS-related morbidity and mortality is stretching the already limited capacity of national health care services and threatens the future development and prosperity of the nation.

Government of Burkina Faso's Response to HIV/AIDS

The Government of Burkina Faso responded to the first reported case of HIV/AIDS in 1987 with a national AIDS plan that covered 1987–1995 and created a National AIDS Committee, the CNLS/IST, that is responsible for coordinating all AIDS activities in the country. The President of Burkina Faso chairs the CNLS, which includes representatives from various government ministries, the private sector, community associations, major religions, traditional chiefs, civil society, international NGOs, and multi-lateral and bilateral organizations. The Permanent Secretariat for the CNLS (SP-CNLS) is responsible for coordinating the conception, development, and execution of sectoral and multisectoral AIDS activities and plans. Sectoral committees (Health, etc.) and provincial-, departmental-, and community-level committees are responsible for coordinating and executing activities at local levels. Since 1996, the multi-sectoral nature of the campaign has been reinforced through the Population and AIDS Project (PPLS), which recently evolved into the National Multisectoral AIDS Program (PMLS), financed through the World Bank. The current national strategic plan² calls for action on four strategic axes:

1. prevention
2. surveillance
3. care for those infected and their dependents
4. promotion of national and international coordination.

Among the specific objectives of the plan are to—

- Reduce by 25 percent the incidence of HIV and other sexually transmitted infections (STIs) in priority target groups.
- Ensure that 75 percent of cases of HIV/AIDS and STIs are reported.
- Ensure that 60 percent of persons identified as being infected, and their dependents, have access to hospital and community care and support.
- Include at least 50 percent of national partners in AIDS activities, and increase the organizational and operational capacity of 25 percent of the NGOs and associations involved.

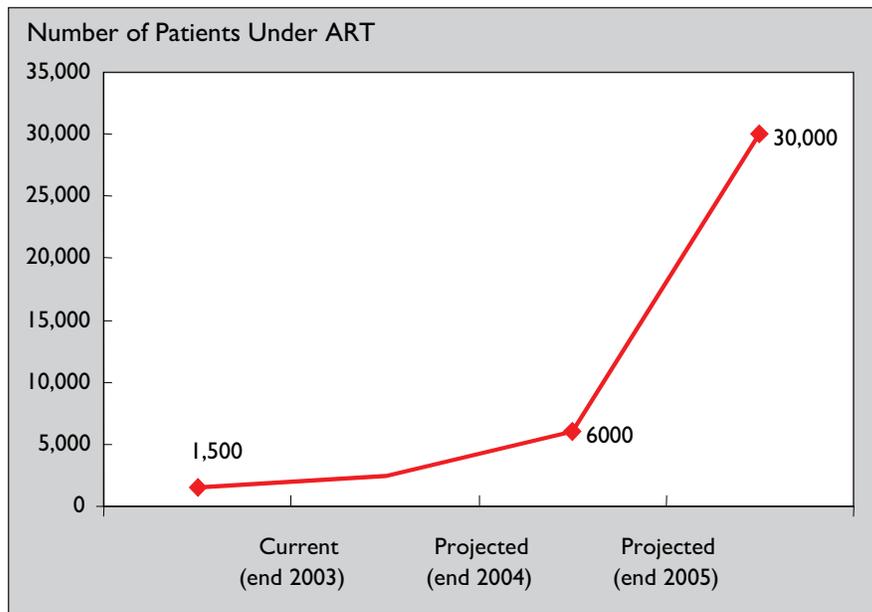
The third strategic axis (care for those infected) specifically calls for development of national treatment strategies for antiretroviral therapy (ART), without specifying targets for the number of people to

1. All statistics from UNAIDS, Epidemiological Fact Sheets, Burkina Faso 2002 Update.

2. *Cadre Strategique de Lutte Contre le VIH/SIDA, 2001–2005.*

be placed under treatment with antiretrovirals (ARVs). However, the recent price decreases for ARVs, civil society pressure for increased access to treatment, and increased donor support for treatment have changed that situation. Burkina Faso's recent successful application (November 2003) to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) includes specific treatment targets (see figure 1): making ARVs available at 17 sites around the country, making treatment available to 3,600 people at a reduced cost, and extending access to prevention of mother-to-child-transmission (PMTCT) treatment, during the next four years.³

Figure 1: Current and Projected Numbers under ART



3. AIDS Component of Burkina Faso's Submission to the Global Fund for the Prevention of AIDS, Tuberculosis and Malaria, September 2002.

Goal and Objectives of the Technical Assistance Mission

At the request of the Burkinabé Ministry of Health (MOH), in collaboration with the World Bank and financed by USAID, John Snow, Inc. (JSI)/DELIVER sent a team of four people to evaluate the ART logistics systems in Burkina Faso. The overall purpose of the trip was to assist the Burkina National HIV/AIDS Control Program in evaluating the existing logistics management system to support HIV/AIDS prevention, treatment, and care services, including contraceptives, condoms, HIV tests, STI services, related laboratory commodities, and ARVs. Specifically, the assessment would assist the MOH in identifying the logistical and clinical issues that need to be addressed to support initiation and expansion of HIV continuum care of services for HIV/AIDS in the country. The assessment findings and recommendations are intended to be used by the MOH in furthering development, implementation, and expansion of the national HIV/AIDS program.

The specific objectives of the assessment were to—

- Identify strengths and limitations of the current MOH logistics system for procurement, storage, and distribution of HIV/AIDS commodities and make recommendations for strengthening the system capacity.
- Document and identify current readiness for personnel and infrastructure to introduce and expand HIV/AIDS programs in selected MOH sites.
- Identify the MOH policies and procedures needed to support service delivery and enhance logistics management of HIV program commodities and related laboratory supplies.

The DELIVER team worked with two MOH counterparts to—

1. Assess the existing capacity to forecast, finance, procure, distribute, and store ARVs, HIV tests, and related lab commodities. The assessment covers the human resources, infrastructure, regulations, policies, procedures, and protocols required to implement and maintain a well-functioning, sustainable logistics system for the HIV/AIDS program.
2. Evaluate whether the pilot MOH facilities have—
 - clear protocols for patient selection and screening; ARV prescribing, monitoring, and management; adherence support; management of side effects; and treatment failure
 - adequate staff with appropriate training and relevant experience (e.g., directly observed treatment short-course [DOTS], PMTCT); if they do not, do they have a plan to fill those gaps
 - a defined spectrum of care available at the site and/or what linkages exist with other sites that provide the services, including VCT, primary care, OI management, TB management, counseling, and home-based care
 - necessary laboratory capability as per World Health Organization (WHO) recommendations
 - resources and systems in place for monitoring patients, managing side effects, and assessing the quality/effectiveness of care
 - staff and other resources to conduct appropriate patient education and adherence and services/monitoring.

Methodology

Interviews with Key Contacts

Interviews were conducted with key resource people, identified by the National AIDS Program coordinator, the technical team, or by earlier interviewees. These included the persons in charge of services and institutions involved in either program planning (national and local levels) or program implementation and management, including financing, forecasting and procurement, and commodity management.

For the actual service delivery points (SDPs), the persons interviewed included, subject to their availability at the time of the visit, the doctor in charge of ARV prescription (or equivalent involved in ART-related service provision), the pharmacist responsible for drug management at the SDP, and the laboratory technician (or other staff member) in charge of laboratory testing.

The complete list of those interviewed is found in the appendix.

Document Review

The technical team was given several documents concerning different program aspects. These dealt with overall directives and elements of the national HIV/AIDS program. These documents (see the list in the annex) helped the team develop questions for the site visits and interviews.

Site Visits

The technical team visited a number of institutions in Ouagadougou that are responsible for different aspects of HIV/AIDS services, including clinics and hospitals providing ART.

Program-level institutions—

- National Multisectoral AIDS Committee (CMLS)
- National AIDS Committee (CNLS)
- National Multisectoral AIDS Program (PMLS)
- *Programme National pour la Lutte contre SIDA* (PNLS)
- Direction for Pharmaceuticals, Medicines, and Laboratory Supplies (DGPML)
- Central Generic Essential Medicines Procurement Unit (CAMEG)
- *Programme d'Appui au Monde Associatif et Communautaire de Lutte contre le VIH-SIDA* (PAMAC)
- Direction for Family Health (DSF).

Service delivery points within Ouagadougou—

- Center for Outpatient Treatment (CTA)
- Yalgado Ouedraogo National Hospital
- Medical Center at Unity Camp (military clinic)
- Charles DeGaulle Pediatric Hospital
- Medical Center at Pissy
- Center for Information, Counseling and Documentation for AIDS (CIC-Doc) VCT Center
- CIC-Doc clinic
- St. Camille Medical Center.

Hospitals; associations and other structures providing HIV/AIDS-related services, including ART, in six regions—

- Regional Hospital in Ouahigouya
- Regional Hospital in Tenkodogo
- Regional Hospital in Kaya
- Association for Moral and Material Child Support (AMMIE) in Ouahigouya
- National Hospital in Bobo-Dioulasso
- *Association Alianza pro Desarrollo de Ceiba (APRODEC) in Bobo-Dioulasso*
- Regional Hospital in Banfora
- Regional Hospital in Gaoua.

The choice of specific sites to visit was made taking into account the range of activities already being offered in each site, with a range of sites selected, some of which already offer ART and others either about to start or planning to start in the near future. All sites offered other HIV/AIDS-related services, apart from or in addition to ART, such as VCT and treatment for STIs and/or OIs.

The choice of sites also considered geographic distribution, including accessibility from Ouagadougou, and the desirability of having a cross section of sites of different size and capacity.

Research Tools Used

Three tools, developed by JSI/DELIVER, were used to collect and analyze information for this assessment:

- The Central Level Questionnaire was used to gather information on overall national HIV/AIDS programs in Burkina Faso.
- Three separate questionnaires, the Facility Logistics Management Questionnaire, the Facility Services and Infrastructure Questionnaire, and the Laboratory Capacity Questionnaire, provided information on logistics management, clinical services, and laboratory services, respectively, at each SDP visited.
- The Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART) helped translate the information provided and classify sites according to their readiness to provide ART according to a preestablished scale.

The Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy (ART) is not an evaluation of the quality of service offered by an SDP. Rather, it helps to assess and give an overview of the current situation at a site. It also provides recommendations to help strengthen an existing program or steps needed to prepare a site to provide ART.

The three tools, which can be found in the appendices, were developed by the John Snow, Inc. (JSI)/DELIVER project. The questionnaires were adapted by considering the situation in Burkina Faso. The Tool to Assess Site Program Readiness for Initiating Antiretroviral Therapy was translated and used in French for the first time.

The questionnaires sought to collect information in several domains that represent the different aspects of a functional ART program with sites at different stages of readiness, namely—

- leadership and program model
- clinical services and care
- management and evaluation
- human resource capacity
- laboratory capacity
- supply and management of pharmaceutical commodities.

Findings: National Level

Policy and Oversight

The CNLS/IST is responsible for the overall planning, execution, and coordination of HIV/AIDS activities in Burkina Faso. The Permanent Secretariat of the CNLS (SP-CNLS) has overall responsibility for the activities of the CNLS. The CNLS is a multisectoral body that includes representatives from the various ministries, the private sector, the community, and other stakeholders. In addition to the central structure, there are local structures at the regional, district, and village levels.

The government published a National Strategic Plan in May 2001 to cover 2001–2005 to guide the national response with four axes of intervention:

- prevention of HIV transmission
- epidemic surveillance
- care for those infected and their dependents
- coordination of the donor and national response.

The plan sets specific measurable objectives for each domain. Part of the role of the CNLS-IST is deciding on strategies, policies, and practices for ART provision. National protocols for ART, VCT, and PMTCT have been developed under the direction of the CNLS.

Currently, an estimated 1,500 people are on ART in Burkina Faso, and this number is expected to grow significantly during the next few years. As part of the WHO 3 × 5 initiative, Burkina Faso seeks to have 30,000 people under ART by the end of 2005.

Financing

Burkina Faso has mobilized support from a wide range of sources to help achieve the program goals already cited. Partners include international donors/lenders as well as other multilateral, bilateral, and government sources.

The partners involved and the level and duration of support are—

- The World Bank, through the MAP II project, is about to finance treatment for 850 people over the next three years.
- The Global Fund has approved more than \$7 million for HIV/AIDS activities. This includes subsidized ART for 3,600 people in 17 sites and the extension of PMTCT coverage to 50 percent of pregnant women, all during the next four years. The Global Fund monies will be managed in-country by the United National Development Program (UNDP), which will award subcontracts to agencies and associations that will manage the overall program's various activities.
- ESTHER, a French development project, is paying for treatment for 300 patients for one year. Several centers will benefit from this funding, including Charles DeGaulle Pediatric Hospital, the national hospitals in Ouagadougou and Bobo-Dioulasso, and the regional hospital in Ouahigouya. These patients eventually will be funded with Global Fund money.
- *Médécins Sans Frontières* (MSF) at Satellite Medical Center (CMA) Pissy in Ouagadougou is financing treatment for 200–300 patients. This a five-year project, two years of which remain.

- The French Red Cross and *l'Organisation Panafricaine de Lutte contre le SIDA* is financing ART for 300 patients at CTA Ouagadougou. The duration of this support is not yet specified; however, it is expected that patients currently treated under this program will be absorbed into other programs after Red Cross funding ends.
- Through the financing of a Burkinabé philanthropist, several associations are providing treatment for up to 415 patients for one to two years.
- Ministry of Health funds from debt forgiveness under the Heavily Indebted Poor Countries (HIPC) Initiative are being used to pay for ARVs for 500–600 people, although duration of this funding is not yet specified.
- Out-of-pocket payment by patients: currently, approximately 200 patients are paying out-of-pocket for ARVs at CAMEG. Approved doctors, who have been trained in ART, write patient prescriptions; patients then go to CAMEG in Ouagadougou to receive their medicines on a cash-and-carry basis at cost plus a small mark-up to cover CAMEG costs.
- As part of the Accelerated Treatment Initiative (TAC), the World Bank has announced future funding for treatment for 12,000 people, with much of the treatment to be channeled through associations.

Other funding sources have been proposed, although details are not yet available:

- The African Development Bank (ADB), through the African Development Fund (ADF), has proposed funding treatment for 500 patients.
- The West African Development Bank is also prepared to finance treatment, although the terms and conditions of this support are not available.
- The Government of Brazil has proposed financing treatment for 100 patients over two years, with the possibility of renewing funding for a longer period.
- Other potential funding sources for HIV/AIDS activities include Denmark, Italy, Belgium, the Netherlands, and religious institutions such as St. Camille. The United Nations Children's Emergency Fund (UNICEF) also supports the PMTCT program.

Table I: Summary Table of Financing of Current and Proposed ART Programs in Burkina Faso

Finance Source	Number of Patients	Duration
World Bank/MAP II	850	3 years
Global Fund	3,600	4 years
ESTHER	300	1 year
MSF	200–500	5 years (2 remaining)
French Red Cross/Panafrican Organization Against AIDS	300	TBD
Donation/Associations	415	2 years
Burkina Faso/HIPC	500–600	TBD
ADB/ADF	500	TBD
West African Development Bank	TBD	TBD
Government of Brazil	100	2 years
World Bank/ATP	12,000	TBD

Cost-Recovery Policy

Patient costs associated with ARV treatment would be covered through a range of payment schemes, from treatment subsidized fully by the government to treatment costs paid for fully by the patient.

1. Treatment free-of-charge to the client—
 - Patients classified as *indigent* by the local eligibility committee at each service delivery point would receive treatment free of charge.
 - Children under age 14 would receive treatment free of charge.
2. Payments under a cost-recovery system (within the guidelines of the Bamako Initiative)—
 - Full cost recover: patients with the economic means would pay the full cost of their treatment.
 - Partial subsidy of 80 percent of the cost of treatment: patients not classified as indigent, yet unable to pay the full cost, would pay up to 5,000 fcfa of the actual cost of 22,000–50,000 FCFA. Ongoing tests would be administered at a fixed fee of 3,000 FCFA per month. Thus, the patient would pay a total of up to 8,000 FCFA per month.

Note that nevirapine for PMTCT is provided free of charge to all pregnant women.

While there are provisions for reduced charges or, in some cases, free treatment for those who cannot pay the full amount, implementation of this policy varies from site to site. For example—

- At CTA Ouagadougou, of the 400 subsidized patients, around 40 percent receive free treatment, 30 percent pay 5,000 FCFA per month, and 30 percent pay 15,000 FCFA.
- In CHR Ouahigouya, all adults pay 10,000 FCFA with no provision for low-income people.
- At the MSF clinic in Pissy, 80 percent receive free treatment, with the rest paying 10,000 FCFA. In addition, in many cases, patients on *free* treatment may have to pay for laboratory testing or pay for an initial CD4 count (prices vary from 4,000 to 15,000 FCFA) to be considered for subsidized ART. ART for those under age 15 and PMTCT for the mother and child are also free.

Payment for subsidized ART is supposed to go into a fund to support program sustainability, specifically to fund free treatment for low-income patients. It does not appear that this fund has been established.

For the treatment of opportunistic infections, these illnesses are already covered free of charge through financial support provided by the Netherlands, Sweden, China, and the Burkina government. These partners also provide partial support for treatment of STIs, which means access is available at reduced costs to the patients.

Model of Care/ART Protocols

National protocols for clinical eligibility and for ART were developed and approved by consensus at a national workshop in February 2003. Protocols, based on WHO-recommended protocols, define the drugs that will be used for first- and second-line treatments, with additional options available depending on the needs of the individual patient.

A national policy for prescribing ART has been defined at the central level. For a person to be eligible to prescribe ARVs, she or he must—

- be a doctor who practices in an approved facility and
- have received adequate training.

While national policy is that eligibility should not be based exclusively on medical criteria, in practice, there do not appear to be any national protocols or guidelines for deciding who should have access to ART programs aside from their clinical aspects. Most sites understood the need for establishing eligibility committees, and they had an idea of who should serve on them, but few had established such committees. Selection seems to be based on first-come, first-served for those presenting the medical criteria for eligibility. This is understandable; doctors are overworked, and the need is great. All sites visited have a therapeutic committee that determines eligibility. In many cases, therapeutic committees included doctors from outside associations, e.g., CHR Ouahigouya and CHR Kaya, which has not yet begun ART activities.

Although these policies and protocols are well defined at the central level, they do not seem to have been widely disseminated. Many providers are not aware they exist, do not know how to access them, or do not use them.

An initial training was held to ensure that two doctors in each hospital were trained in ART and other HIV-related services. However, due to the high turnover rate in health facilities, many hospitals no longer have two doctors who have received training. There does not seem to be any program for ongoing training.

Certain sites have a great deal of experience in administering ART and a large local capacity for training. There is no formal forum for providers in different sites to share their knowledge and experiences. There has been some discussion of twinning different facilities, which would allow them to learn from each other, but this has not yet occurred.

Service Provision

ART treatment centers do not generally do VCT; most testing at the treatment centers is done under the guise of diagnostics when clinical symptoms are present. VCT itself in Burkina Faso is carried out primarily by associations. Several private associations provide VCT, including a large network of associations (e.g., CIC-Doc, with 13 VCT sites throughout the country). Although there is some VCT at public sector facilities, most of the HIV testing observed in the public sector centers visited is for diagnostic purposes or blood screening.

PMTCT patients are recruited to the ART program via prenatal counseling. Women are counseled, and testing options are provided. PMTCT treatment is free, despite the fact that antenatal services must be paid for (costs vary from site to site).

(Models of care for VCT and PMTCT are provided in appendices.)

In most cases, good linkages are apparent between various HIV/AIDS-related services namely, VCT, PMTCT, and ART, with VCT being conducted at lower-level facilities and referrals to the hospital level when needed. In most cases, VCT is carried out in adjoining dedicated centers operated by NGOs or associations. Once referred, patients are evaluated and, if needed, placed on a waiting list for eventual ART.

No link is apparent between TB services and ART. Patients with symptoms of tuberculosis presenting at lower-level facilities or hospitals typically are referred to specialized facilities run by the National Anti-Tuberculosis Program, where diagnoses are made and treatment is provided on an outpatient basis. TB drugs also follow a vertical system, coming to the hospitals through the National Anti-Tuberculosis Program.

There is no national policy for access to subsidized treatment for clients currently paying out-of-pocket for ART. Access to subsidized treatment has been so limited that this has not been a problem to date, but with accelerated access, this may become a problem. An estimated 200 patients currently pay out-of-pocket for ART at CAMEG. The income level of these clients is not known.

There does not seem to be a national policy for adherence, directly observed treatment, or client education. A number of sites have initiatives in this area, and in community participation in general, particularly the national hospital in Bobo and the MSF clinic in Pissy. The emphasis in ART programming so far has been very much on the medical aspects of ART and less on the psychosocial aspects. Adherence is crucial for long-term patient health and to reduce the possibility of drug resistance. Some guidance should be given to clinics on adherence issues. There are not enough doctors to handle the medical aspects of ART, and they cannot be expected to do adherence counseling as well, nor do the doctors have the time to manage the programmatic aspects.

Nationally, there is a shortage of medical staff at all levels—doctors, nurses, midwives, pharmacists, and laboratory technicians. There is also high staff turnover. This is a particular problem in the provinces. For instance, CHR Banfora has only one doctor on its staff, and CHR Kaya had three doctors trained in ART, but one was transferred before the ART program was instituted. Generally, this is a more serious problem in the provinces. Many doctors want to work in administrative positions, either in hospitals or in the regional or national health services. Thus far, ART training has focused on doctors. Pharmacists have received training only recently. The long-term sustainability of ART and any plans for its expansion must take into account the reality of the numbers of trained medical staff in Burkina Faso and their mobility.

Community Involvement

Community involvement figures prominently in Burkina Faso's Strategic Framework for the Fight against HIV/AIDS 2001–2005. The importance of involving the community in HIV/AIDS activities was especially highlighted in discussions of prevention activities, VCT, and psychosocial support.

The strategic framework acknowledges that certain areas need improvement for community-based organizations to respond better to the epidemic:

- limits of volunteerism in the action of community-based organizations
- lack of competent and well-trained personnel
- overly medical vision of treatment
- lack of coordination among associations
- lack of a common strategy
- doctors' lack of knowledge about the associations.

In addition to these specific areas, there is a general need for improved coordination between the different collaborators in the fight against HIV/AIDS. Of the 100 or so associations involved in HIV/AIDS activities in Burkina Faso, only about 20 associations send reports to the Permanent Secretariat of the National AIDS Committee.

The Government of Burkina Faso has created committees to facilitate coordination of HIV/AIDS activities in the country. At the top is the National AIDS Committee (CNLS), followed by the Permanent Secretariat of the CNLS, which presides over the decentralized coordination committees: sectoral committees, provincial committees, departmental and communal committees, and village committees. Community involvement is encouraged by inclusion of members of various community organizations in these committees. In addition to representatives from the MOH and all other ministries, the CNLS includes representatives from the private sector, the religious communities, traditional leaders, the Mayors' association, the House of Representatives, civil society, national and international NGOs, multilateral and bilateral organizations, and the UNAIDS thematic group. The decentralized coordination committees also include representatives of government, civil society, NGOs, and associations.

On the ground, the level of community involvement in HIV/AIDS activities varies greatly. The hospital in Gaoua, for example, has an excellent collaboration with *Vie Solidaire*, the local association of PLWA. Doctors at the hospital refer HIV-positive patients to *Vie Solidaire*, which provides home-based care. The association also brings AIDS patients in need of medical attention to the hospital. Representatives of *Vie Solidaire* are invited to all HIV/AIDS-related meetings at the hospital. In contrast, the doctors interviewed at Charles de Gaulle Pediatric Hospital in Ouagadougou acknowledged that they have not been able to establish ties to the community, and there is no community involvement, despite some effort on the hospital's part to reach out to the community. In addition to Gaoua, there are other examples of community participation that can serve as models for the rest of the country. The national hospital in Bobo-Dioulasso and the MSF site at Pissy are particularly active in involving associations and PLWHA in their activities. Community participation is critical for patient adherence, successful service delivery, and the scale-up of ART in Burkina Faso. In addition to the benefits community participation brings, the size of the population that needs treatment points to an essential role for associations in ART provision.

During interviews conducted by the DELIVER team, members of the medical community in Burkina Faso expressed concern regarding donors' perceived inclination to provide ARVs for the associations to prescribe and distribute. Some people worry that these drugs will end up being managed by members of the associations who are not doctors. For their part, representatives of several associations cited reluctance on the part of the public sector to involve them in ART. The success of the associations in strengthening VCT service provision in Burkina points to a model that can be used to expand their role in partnership with the public sector in ART. The lines defining the role of associations in the fight against HIV/AIDS need to be clarified.

Logistics and Commodity Management

CAMEG is in charge of the various aspects of ARV drug management, from procurement to distribution to clients, including sites providing ART and clients who come directly to CAMEG to receive their monthly supply of drugs.

CAMEG distributes commodities to public institutions and associations, which are then responsible for in-network distribution to association SDPs. There are also small quantities of products that enter the system through other means, such as via the private sector, though it is difficult to gauge the current impact of this practice.

CAMEG manages all ARVs, a total of 10 drugs used in ART in Burkina Faso. Most of these ARVs can be found on the Essential Drugs List with a few exceptions: a fixed-dose combination of stavudine, lamivudine, and nevirapine; 50 mg Efavirenz; and Nefliravir. The complete list of ARVs is found in the appendices.

For the time being, CAMEG dispenses medicines to patients who present a prescription from a doctor who is on the list of doctors approved to prescribe ARVs. The system of direct dispensing of medicines by CAMEG, however, will be replaced shortly by a national distribution system.

CAMEG uses several logistics statistics (monthly sales, average monthly consumption, months of stock available) to prepare forecast and procurement schedules.

Distribution to SDPs is based on the number of patients on ART at each site. CAMEG requests from each site the number of patients on each treatment protocol as well as monthly levels of products dispensed, stock on hand, projected numbers of patients, and product requirements for the next six months.

CAMEG monitors stock levels weekly at its warehouse and uses a computerized commodity management system. The software allows data entry, such as incoming and outgoing goods and stock on hand, and provides information that is useful in inventory management.

CAMEG has one central warehouse in Ouagadougou and three regional warehouses, of which two (Bobo-Dioulasso and Fada N’Gourma) are operational; the third, in Ouahigouya, is being built. The regional warehouses distribute ARVs and other medicines to the SDPs in their zones. Delivery can be by the CAMEG vehicle, as part of a regular delivery, or sites can use their own vehicle to collect their products.

For most products, CAMEG makes monthly deliveries, but for ARVs, the quantity required for one year may be delivered all at one time or split into two deliveries.

The resupply process is made up of the following stages, with the lead times for each stage noted:

- estimate quantities to be ordered = beginning of process
- from invitation to tender to placing the order = 30 days
- from placing the order to arrival of products in country = 45 days
- from arrival of products in country to their being available for distribution = 15 days.

Total lead time is 90 days for products that do not have a preselected supplier or 60 days for products where the supplier has been determined through a preselection process.

Products that arrive in country must have at least two-thirds of their shelf life remaining.

According to information collected in the field, some SDPs have already exceeded their quota of patients, while others are slightly behind their scheduled uptake of ART patients. In all cases, sites always reported having a sufficient quantity of products, i.e., they have never had stockouts.

For other products, such as consumables and reagents, sites reported that they did not always receive the quantities they ordered.

ARVs are exempt from import taxes. CAMEG adds a mark-up of just over 1 percent on the purchase price to cover its various charges and an additional 2 percent to cover costs related to commodity management (e.g., storage). These mark-ups are not applied to the products that CAMEG sells directly to patients.

In response to the increased quantities of ARVs they deal with, CAMEG is having a new pharmacist trained in ARV management.

Findings: Facility Level

Overview

In general, sites do not have access to official documents (manuals, guides, protocols) on ARV management and ART. In the absence of official guidelines, local staff have adapted existing management tools (software, forms) for managing ARVs and other ART-related medicines, even though these supports are sometimes incomplete for ARV management. Sites do have access to international guidelines and references for managing products, in addition to knowledge acquired during different training courses or seminars they have attended.

Table 2: Summary Table: Stages of Readiness of Site Visited

Centre	Leadership and Program Model	Services and Clinical Care	Management and Evaluation	Staffing and Experience	Laboratory Capacity	Drug Management and Procurement	Total
CTA	4.83	3.75	3.5	4	4.5	3.33	23.92
HP-CDG	5	3.75	3.75	4.17	5	4.83	26.5
CHR Kaya	3.33	3.13	3	2.67	3.3	4	19.5
CHR Tenkodogo	3.33	3.25	3.5	2.83	3.33	4.17	20.4
CHR Ouahigouya	4.3	3.38	3.75	3	4	4.3	22.73
AMMIE Ouahigouya	4.3	3.25	2.75	2.83	2.5	3	18.63
CHN Y-O	5	4.75	4.5	4.8	4	4.33	27.4
CMA-Pissy	4.7	4.75	4.75	4.67	5	5	28.87
CHN S.-S. Bobo	5	4.75	4.25	4	3	3.3	24.3
CHR Banfora	1	1.5	1.5	1	2.6	1.5	9.1
CHR Gaoua	3	2.75	2.5	2.25	3	2.3	16
CMA Camp de l'Unité	4.7	4.83	3.25	4	3.5	4.3	24.58
St. Camille	5	3.88	5	4.83	5	5	28.7

Note: CICDoc, the umbrella organization for associations offering VCT in Burkina, serves clients for ART at the Camp Militaire clinic in Ouagadougou. This informal arrangement is facilitated by the fact that one of the two medical providers trained to provide ART at the clinic is the head of the association. ART patients at the camp consist of private patients referred there by associations and military personnel. ART is free for military personnel and most private patients; however, approximately 20 private patients pay for their treatment at CAMEG and are cared for by the CICDoc physician. Private patients are referred for tests to various other centers in the city, where they must pay for their tests. CICDoc, building on its experience providing ART here as well as the demand from clients for an alternative clinic to the public sector facilities, hopes to be able to provide ART at a dedicated clinic in the future. A business plan is being prepared, for which CICDoc hopes to get donor support. The physician concerned, Dr. Pascal Niemba, is also a dermatologist at the CHN (national hospital) Ouedraogo, and is one of the pioneers of advocacy for HIV/AIDS treatment and care.

**Center: CHR Kaya
(Total: 19.5)**

Overall	ARVs are expected to arrive in Kaya in 2004.
Leadership and program model 3.33	A motivated leader is ready to be put in place for an ART program, but staff numbers are insufficient for long-term program maintenance. A model of care exists, and the program has access to national protocols.
Services and clinical care 3.13	CHR Kaya does not provide ART or PMTCT, but both are expected to begin shortly. CHR Kaya carries out HIV testing for diagnosis and VCT, but VCT will shortly be transferred to an adjoining clinic to be operated by an association. Provides limited treatment for OIs and STIs though laboratory capacity and access to medicines. Two doctors, trained in ART, are currently writing prescriptions and monitoring patients who receive ARVs from CAMEG. Both doctors are active members of the local association involved in VCT. Therapeutic committee for ART has been established, and there are plans to form an eligibility committee. No formal system exists for testing in cases where hospital laboratory cannot perform tests.
Management and evaluation 3.0	Patient files and records are kept and used to monitor patients, but there is no system for longer-term evaluation. Department heads sometimes carry out supervisory activities, including the logistics system, e.g., stocktaking. Regular duties are carried out in teams, which leads to informal supervisory systems.
Staffing and experience 2.67	The two doctors who will supervise ART are overworked but motivated. A third doctor was trained but transferred to a district-level administrative position. No other staff trained (e.g., nurses, lab, etc.). In general, there are insufficient staff, no specialists, and high staff turnover, although the doctor who will provide ART has been on the staff for two years. As at CHR Tenkodogo, additional training for other doctors and paramedical staff would be useful. Pharmacy staff cited university training and sharing of experiences with colleagues as sources of information for inventory management. Planning for future personnel needs depends on national plans.
Laboratory capacity 3.3	Informal internal quality control systems with staff running HIV tests together. Attempting to obtain long-term maintenance contracts for equipment. Possibility of equipment donation for CD4 (microscope and Dynabeads), but testing capacity is currently limited.
Drug management and procurement 4.0	The hospital manages products with a standard inventory control system using a full range of management tools, including stock cards for essential medicines and registers for laboratory reagents. Medicines and reagents are managed separately. Data reporting is at the end of the month. For urgent care products, the hospital uses inventory records to determine reorder quantities, including safety stock and adjustments to seasonal consumption. Reorder quantities can be adjusted depending on available budget. For OIs, products are allocated, so there are no ordering system and no logistics reports, but there is a report on the number of tests carried out in a month (lab). The reports do not reconcile logistics data (dispensed/used data) with number of clients treated/tests done. In case of stockout at CAMEG, it is possible to use other suppliers. Order by fax or sent with driver, two-week total lead time. Products are delivered by CAMEG. There is no refrigerator in the lab so test kits are stored elsewhere. Secure storage, a locked cupboard, and a special register (for narcotics) are available; also require used packaging before resupplying. No loss of these products was noted. Financing for ARVs will be based on availability of funds at the national level and the number of clients allocated for hospital.
Other comments	For product availability for products needed for emergency medical care, they obtain 100 percent of requirements; and for reagents, about 50 percent of amounts needed. Orders placed are always filled.

**Center: CHR Tenkodogo
(Total: 20.4)**

Overall	Although the CHR Tenkodogo does not yet offer ART, the site is rated at Stage 4 or Action Stage for ART. However, it needs assistance, particularly in training and staffing, before beginning ART.
Leadership and program model 3.33	CHR Tenkodogo has two doctors trained in ART; one is currently the acting director of the hospital. Because the main leader has administrative duties, in addition to his regular medical duties, there are short-term concerns about the success of an ART program. It does have a model of care and access to national protocols.
Services and clinical care 3.25	CHR Tenkodogo does not yet offer ART or PMTCT, although both are expected to begin shortly. It does offer HIV testing for diagnostic purposes; it refers VCT to an adjoining clinic run by a local association. It does offer treatment for several OIs and STIs, although this is limited by access to laboratory testing. Two doctors have been trained in ART and are referring patients to the MSF ART program in the CMA Pissy. The two doctors are active in the local association offering VCT, and there has already been contact with a local PLWHA group to create a partnership for ART treatment. However, no steps have been taken to establish either eligibility or therapeutic committees. There is no formal referral system and no planning for referral for laboratory testing in the event that ART begins without adequate laboratory capacity.
Management and evaluation 3.5	The hospital has adequate patient monitoring and records, but has no plans for medium- or long-term program evaluation.
Staffing and experience 2.83	There is concern that the two doctors trained in ART may be overworked. No other medical or laboratory staff have had ART training. The CHR has nine doctors, so additional training could reduce over-reliance on this staff. In addition, the two trained doctors have no experience with ART and would benefit from practical training in it.
Laboratory capacity 3.33	The hospital is putting in place a maintenance contract for equipment, e.g., maintenance every three to six months.
Drug management and procurement 4.17	Stockcards were available and up-to-date for goods received, goods dispensed/ issued, and goods expired. There are also stockcards for test kits; use goods out forms when staff takes goods, and registers in the storeroom and for products dispensed to clients. The pharmacist calculates average monthly consumption, safety stock, one-month stock alerts, and service statistics data, even though there is no reconciliation between the logistics and service data. Excel spreadsheets are in use, but logistics reports are not. Resupply takes 2 days. Reorder quantities are determined by the pharmacist, in consultation with other staff; quantities ordered may be limited by available budget. Orders are placed 4 times a year but are dependent on budget. Orders are placed when about 2 months of stock is available. Lead times are about 1 week. Inventory management is learned at pharmacy school. The hospital uses its own vehicle to collect products. Health Services made 2-3 supervisory visits in 2003. Storehouse repackages products, even though there are some limitations (dust, etc.). Secure storage area for narcotics. Financing for ARVs will be based on number of patients allocated to each hospital.
Other comments	Site is ready to clear a debt at CAMEG that has obstructed orders for medicines for OIs. The hospital expressed an interest in having access to other suppliers.

Center: Center for Outpatient Treatment (CTA)
(Total: 23.92)

Overall	CTA, a parastatal center financed by the French Red Cross and PanAfrican AIDS Organization (OPALS), has operated since September 2000. The CTA is co-managed by the Red Cross and MOH through a 3-year agreement that was signed in 2000; they are signing a new agreement. CTA offers VCT and ART with 2,000 registered clients and 500 on ART. Treatment is financed by French Red Cross (300), MOH (100), and self-financed (100). Clients pay 0–15,000 FCFA/month, depending on ability to pay.
Leadership and program model 4.83	CTA is headed by a generalist doctor with training in treating HIV/AIDS patients. The model of care is well defined. A referral system is established for individual cases. CTA does not have access to the defined national protocols, although it does use other internationally recognized protocols as a basis for treatment, making adaptations based on product availability, client's ability to pay, etc.
Services and clinical care 3.75	Some staff have ART training, although the existing staff are insufficient to address the expanding demand for services. VCT, ART, treatment of OIs, and post-exposure prophylaxis are all offered outpatient. The formal expansion of services will depend on the new agreement between Red Cross and MOH. Aside from some existing self-support groups among existing patients, no linkages are established between CTA and the community.
Management and evaluation 3.5	Patient treatment documentation, general and ART-specific, allows patients to be monitored routinely for treatment effectiveness, side effects, and related issues. There is no medium- or long-term program monitoring or evaluation plan.
Staffing and experience 4.0	Existing medical staff (2 doctors, 3 nurses, 3 laboratory technicians, 1 psychosocial counselor, and 2 pharmacists) is sufficient to support the existing patient load. The head doctor considers staff insufficient for program expansion. CTA has an MOH staff development plan. Currently, doctors only see patients every quarter; nurses see patients at other times.
Laboratory capacity 4.5	The lab can test patients on ART, including CD4, though a limited number of OIs cannot be tested. Reagents are resupplied, from France 3 times a year. Some local purchases are according to need. No stockouts were reported on the day of the visit. There is an ongoing maintenance plan for equipment, for instance, the CD4 counter is inspected 3 times a year. Discordant HIV tests are referred elsewhere or asked to return after 3 months.
Drug management and procurement 3.33	CTA currently manages a range of 10 ARVs; stock on hand ranges from 0.2 to 3 months. The pharmacist has created a computerized logistics system, including stockcards, issued/dispensed, receipts, and physical inventory. There are no logistics reports, but there are reports on the number of patients per treatment protocol. Patient names are included on logistics tools. The pharmacist determines the quantities to be ordered based on the number of patients plus a safety stock of 5 to 10%. Orders come directly from CAMEG (adjoining) but their accuracy is not verified; they are dispensed immediately. There are no formal manuals or guides. There has been only 1 supervisory inspection since 2002.
Other comments	Currently, CTA is prescribing Nevimmune (generic nevirapine) instead of Viramune because of a Viramune stockout; it will begin dispensing Viramune after the stockout has been resolved.

**Center: Charles DeGaulle Pediatric Hospital
(Total: 26.5)**

Overall	Site currently manages 13 ARVs, including pediatric formulations (syrups) and 25 drugs for treatment of OIs. Currently, 30 children are receiving ART, with funding available for a total of 50.
Leadership and program model 5.0	The hospital has a dynamic and organized staff. Medical staff who treat pediatric AIDS are trained and are currently treating 30 patients on ART, with 24+ patients waiting to begin treatment. There is a documented model of care through which cases to be treated are reviewed and approved by a committee, which includes a psychologist, social assistant, pediatric infections specialist, pneumonia specialist, and heart specialist. Cases are treated on an in- or outpatient basis according to need. HIV+ mothers are referred to a midwife clinic or the CTA. The team uses treatment and monitoring protocols that its members received during their training programs.
Services and clinical care 3.75	All personnel who provide ART have been trained in VCT, ART, and prevention of OIs. Staff also request training in drug resistance, because of their relative lack of experience working in a new program. CDG offers a complete range of services, including those for TB cases. As a pediatric hospital, it does not offer family planning or STI treatments. Physical space is currently sufficient, and an expansion plan is expected to help address increasing demand for services. No community participation yet, although staff are trying to do some partner building.
Management and evaluation 3.75	Case-specific patient dossiers are used to monitor HIV/AIDS patients. Team members are trained in patient monitoring, but there are no specific established procedures. No program reporting is done.
Staffing and experience 4.17	Staffing is adequate for existing demand, but additional staff will be needed for program expansion. Clinical staff have already completed a needs assessment and have determined that an additional pediatrics specialist, 3 generalists, and additional laboratory support personnel will be needed. Frequent staff turnover is also said to be a problem.
Laboratory capacity 5	The lab has the capacity to do all relevant testing to support the program and to do patient monitoring. Lab technicians receive support from a French expert. Equipment is maintained regularly.
Drug management and procurement 4.83	The site uses GEPHOS software for logistics management of drugs other than ARVs; it lacks certain features essential for ARV tracking. Logistics data are used to order essential medicines and OIs, and for monitoring and evaluation. For OIs, CDG calculates order quantities according to number of patients. For ARVs, it receives drugs for 50 patients; no stockouts to date. It uses logistics data and service statistics for monitoring clients and receives 2–3 months of supply at a time. It attempts to maintain minimum stock levels based on consumption, but some OI medicines are donated so CDG cannot reorder. Supervisory inspection took place in December 2003.
Other comments	Currently, there is no system to guarantee continuity of treatment for children after they enter the adult program (>14 years of age).

**Center: Association AMMIE Ouahigouya
(Total: 18.63)**

Overall	AMMIE has been providing HIV/AIDS counseling, care, and information, education, and communication (IEC) since 1997. In 2001, the association started VCT as part of the CICDoc network of clinics. AMMIE is rated at Stage 3, or the preparation stage for ART. It has a leader with some experience and training in ART and offers some ART-related services. While it has some deficiencies, it could offer ART services over the next few months, particularly if it continues to work with CHR Ouahigouya and adds more trained paramedical staff.
Leadership and program model 4.3	AMMIE has a qualified doctor, who heads medical services, with training and some experience in ART. It also has access to national protocols for HIV detection and ART treatment and an established model of care, but it has no documented procedures or protocols.
Services and clinical care 3.25	AMMIE is the main VCT clinic in Ouahigouya and offers mobile VCT clinics in the surrounding region. In addition to VCT counseling, it offers limited medical care in its clinic: some treatment for OIs and STIs. To reduce stigmatization, the clinic offers some general medical services. The AMMIE doctor currently prescribes ARVs and offers follow-on monitoring and evaluation, though limited diagnostic capacity means patients must use outside testing facilities. AMMIE refers to the CHR Ouahigouya for PMTCT, ART, and laboratory services. AMMIE also offers psychosocial support to patients and their families, including home visits and nutritional support. AMMIE is completing an expansion of its clinic, which will give it adequate space for current activities and limited ART provision. While it is an association, there is limited formal involvement of community groups or PLWHA groups in AMMIE; it recognizes this as a need.
Management and evaluation 2.75	The program has patient records and monitoring but needs better organization of records. Patient records are anonymous, with each patient assigned a number code on entry into the clinic. There is some program evaluation, driven by donor needs.
Staffing and experience 2.83	AMMIE has barely adequate staff for its current services. Apart from the head doctor, there are no full-time medical staff members; AMMIE relies on part-time nursing help. Staff includes a trained counseling staff and an experienced laboratory technician. The ability to engage additional paramedical staff depends on increased donor support, because most services are offered free of charge.
Laboratory capacity 2.5	No quality control system in place. In the past, ran enzyme-linked immunosorbent assay (ELISA), but currently runs rapid tests (Determine, Genie II). Also has microscope, newly acquired spectrophotometer. Refers to CHR Ouahigouya for CD4 and other tests.
Drug management and procurement 3.0	Prepares monthly reports of the number of rapid tests used and quantity on hand and sends them to the district health service and partners. Prepares other monthly and annual reports. Orders quantities determined by supplier, CICDoc, or PAMAC, but site can request more. Receives limited essential medicines from CNLS/donors, but is supply driven more by availability than by need.

Site: CHR Ouahigouya
(Total: 22.73)

Overall	The CHR Ouahigouya has already started ARV under the ESTHER program and is rated at Stage 4, or the Action stage. The hospital already has 15 adults and 8 children on ART, with financing for a total of 45 patients available for 3 years. Ouahigouya is also programmed to receive MAP II financing for another 103 patients (although it is not clear if this figure includes those currently on ART).
Leadership and program model 4.3	The program has an identified leader with vision and experience in ART. There are at least two long-serving doctors with the training, experience, and motivation to sustain expansion of ART at CHR Ouahigouya. While the protocols are well understood for testing, treatment, and model of care, they are not formalized or properly documented. Site uses <i>Infection VIH : Mémento Thérapeutique 2003; 6ème édition. Dariosecq, Jean-Michel, et al.</i> as principal resource for ART.
Services and clinical care 3.38	The CHR Ouahigouya offers comprehensive services either directly or through referrals. HIV testing (diagnostic but not VCT), PMTCT, ART, and treatment for some OIs and STIs are all available. In addition, there is a referral system for TB treatment to another public sector facility and there are informal referrals to VCT at a local clinic run by an association. As in the rest of Burkina, Diflucan is not available for OI treatment. Thanks to a partnership with a hospital in Chambéry, France, both doctors and paramedical staff have been trained in ART. In addition, Center Muraz in Bobo-Dioulasso used DYNABEADS to train laboratory personnel in CD4 counts. While the hospital has good links with a local association—AMMIE—providing VCT and care (both medical and psychosocial), more could be done to involve the local community. The association itself has little real community or PLWHA involvement in its operation. While an eligibility committee, including community representatives, is envisaged, it has not yet been formed. A therapeutic committee, consisting of hospital medical staff and doctors from the regional health service and AMMIE, currently decides on eligibility for the ART program using medical criteria.
Management and evaluation 3.75	The program has adequate patient monitoring and records, but there is little planning for medium- or long-term program evaluation.
Staffing and experience 3.0	The CHR Ouahigouya is better prepared than many other CHRs in staffing levels and staff training. While the program could be enlarged, it is not clear how many patients the already overworked staff could sustain. The relationship with Chambéry, France, clearly gives it a significant advantage over other regional facilities in sustaining ART. Staff supervision and management are, as in the rest of the public sector hospitals, barely adequate. As a public sector facility with limited financial resources apart from its central-level subsidy, the hospital has little ability to plan for its longer-term needs.
Laboratory capacity 4.0	CD4 counts are available.
Drug management and procurement 4.3	Gathers basic logistics indicators and numbers of patients per treatment protocol; codes are used to guard patients' anonymity. Pediatric wing maintains inventory of pediatric medicines. Hospital staff use logistics-type forms and others to compare money received to medicines dispensed. ARVs are allocated by The Central Generic Essential Medicines Procurement Unit (CAMEG) according to patient numbers (currently has some scope to increase numbers on treatment). Initial delivery of ARVs came in two shipments. For products donated, mainly for OIs, order quantities are determined in consultation with doctors, taking into account stock available, quantity dispensed, and price.
Other comments	Patients can bring their empty drug containers for adherence monitoring. Consumption of Zerit (lamivudine) has been greater than forecast, while Retrovir use has been less than expected (due to contraindication of Retrovir in cases of anemia, which is common); this needs to be shared with CAMEG. Triomune is in use, but it is not clear if this is supplied by CAMEG or donated, though it should be available from CAMEG in the future.

CMA Pissy/MSF
(Total: 28.87)

Overall	<p>CMA Pissy, operating with the assistance of MSF, is rated at Stage 5 for ART, or the Support, Maintenance and Expansion stage on the Stages of Readiness Assessment. The site is operational and running well and can serve as a training site and role model for replication at other sites. The only questions concern its longer-term sustainability without MSF's considerable technical assistance, and its related ability to develop a model for ART applicable to the rest of the country. Its objectives as an ART site in Burkina are twofold:</p> <ul style="list-style-type: none"> • To provide ART and related services for the population of the Pissy district of Ouagadougou. • To develop a sustainable model of ART and HIV/AIDS-related care.
Leadership and program model 4.7	The site has leaders with experience, dedication, and vision in ART program management. It has developed its own protocols for ART and VCT, but these are based on national protocols/guidelines, as well as the site's own experience.
Services and clinical care 4.5	CMA Pissy offers a complete range of ART and HIV/AIDS-related services, including ART, VCT, and PMTCT, treatment for OIs and STIs, home-based care, and nutritional and psychosocial support. The community associations, and groups of PLWHA actively participate in service provision.
Management and evaluation 4.75	The program has adequate patient monitoring and records, with planning for medium- or long-term program evaluation.
Staffing and experience 4.67	Has 3 MSF doctors, including one Burkinabé working in ART. In addition, CMA doctors and paramedics have been trained in HIV/AIDS care, including ART. There is a plan to train support staff, particularly in psychosocial/adherence counseling, although only one such person has been trained to date to serve around 200 patients.
Laboratory capacity 5.0	Has capacity to carry out a complete range of services, apart from TB. Management systems are in place and working, and quality assurance system is in place with other centers in Ouagadougou.
Drug management and procurement 5.0	All elements of logistics system for drugs are in place, including collection and use of logistics data. Adequate financial resources are available. There is also good product availability; makes use of safety stocks.
Other comments	Lessons learned regarding ART (particularly adherence and community participation) should be used by other centers.

Medical center of Camp de l'Unité (Military)

(Total: 24.58)

Overall	Site providing ART since 2003, with 155 patients currently under treatment, 30 of whom receive supplies from CAMEG. Client load includes military as well as other non-military clients who have been referred to the military facility for ARV treatment. The initial number projected was 78, but patients have been added since ARVs were available that would otherwise have expired.
Leadership and program model 4.7	The site has leaders motivated and experienced in ART; a program model of care exists. Site uses national protocols for HIV testing. For treatment, initially limited to 2 protocols with 3 products available (including Combivir), but 3 other products have been added to increase the number of treatment protocols available. The first group of patients was selected according to biological and clinical criteria, the second group was selected using social criteria.
Services and clinical care 4.83	The site offers all outpatient services expected of an independent hospital and will soon open a surgical unit, including home-based care and nutritional support. No TB care; patients are referred to the national TB treatment center. The site already provides ART, and all personnel involved have been trained, with a training plan for future needs in place. Children are referred to the CDG Pediatric Hospital. Community involvement in treatment has started using participation of PLWHA in patient support.
Management and evaluation 3.25	The program has adequate patient monitoring and records; there are informal systems for program evaluation but no formal reporting. Statistics are available that could be used to forecast the number of patients that can be accepted for ART at present, but these are not used.
Staffing and experience 4.0	All key medical and support personnel are trained and experienced in ART. No plans to expand services but, to enlarge the program, has foreseen the need to train new personnel. There is no formal supervision system apart from occasional inspections by MOH.
Laboratory capacity 3.5	Laboratory capacity exists for most tests, including ELISA but not CD4. CD4 counts are done outside; site has requested a CD4 counter. System for managing lab supplies is in place, including test kits. Testing for military clients is done at the military lab; non-military clients are referred to outside facilities for testing procedures.
Drug management and procurement 4.3	Functional distribution system in place; the site receives products from CAMEG and distributes them to regions. Delivers sufficient medicines for one year. Logistics system for product management is in place, including basic logistics indicators. Supply is based on number of patients in treatment. Financing is dependent on national resources but, to date, the site has received adequate supplies.
Other comments	Site has noted large numbers of patients with anemia, resulting in less-than-expected consumption of Retrovir (zidovudine) and greater-than-expected use of Zerit (lamivudine). Site wants to start treatment with Triomune.

CHN Yalgado Ouedraogo (Total: 27.4)

Leadership and program model 5.0	The CHN Yalgado Ouedraogo, the national reference hospital, is also the university hospital, with a dynamic and motivated team for HIV/AIDS care and treatment. Prof. Drabo, an internal medicine specialist with expertise in HIV/AIDS, is one of the authors of the national rules, guidelines, and protocols for HIV/AIDS care. His unit is the reference point for national care standards, and all staff has been trained locally, or in France, for some of the doctors. The site has a well-defined model of care.
Services and clinical care 4.75	All internal medicine staff members have been trained in HIV/AIDS care. Staff participates in training medical students and personnel from other sites. Site offers all recommended services for ART, including adherence monitoring, monitoring for side effects, and treatment failures. Facilities are adequate but no adequate waiting area for patients. The site works with various associations, such as CICDoc and ALAAVI, that participate in psychosocial support and adherence support, organizing support groups, and even offering material assistance to some patients.
Management and evaluation 4.5	The site's health information system is identical to that of all MOH sites. Medical records exist for clinical and biological monitoring of patients. Large-scale tritherapy did not begin until July 2003 with ESTHER and the HIPC funding, so the site is only now considering development of specific indicators to evaluate its efficacy. A software program, provided by ESTHER, has just been obtained for this end.
Staffing and experience 4.8	The internal medicine unit has sufficient staff to support ART for 200 patients and more. According to Prof. Drabo, the site could serve 1,000–1,500 patients. Estimates 4 nurses needed to support expansion. Currently all medical and paramedical staff has been trained. Site has therapeutic committee that includes specialists from all areas.
Laboratory capacity 4.0	Has capacity to carry out all biological exams necessary for ART, including biological diagnosis of OIs, such as cryptococcus, CD4 counts, and viral load. Quality control for HIV, hepatitis B, and hepatitis C testing is assured using reference samples from the WHO in Dakar as well as by sending samples to Dakar. For CD4, Becton Dickinson is putting a quality control (QC) system in place. No system in place to manage stock of test kits and other laboratory consumables. Reorder quantities are based on average consumption plus 5%. Hospital maintenance staff carries out routine maintenance tasks but lacks expertise to cope with sophisticated laboratory instruments. Has a service contract with the supplier for viral load and hematology instruments.
Drug management and procurement 4.33	The CHN Ouedraogo manages antiretrovirals using the same stock control system as for essential medicines. The only special treatment for ARVs is that they are stored in a locked cabinet adjoining the chief pharmacist's office. Indeed, until December 2003, no stock record was kept of ARVs. Products are issued daily to an intern against a written prescription for the patients present for that day, with the amount issued recorded in a notebook. The leftover product after that day's clinic is returned to the pharmacist, who then adjusts the stockcard. The pharmacy keeps a separate record of drugs dispensed for particular patients. Forecasting is based on historical consumption per program (there are currently 2 programs—ESTHER and HIPC), and a forecast was recently carried out for the ESTHER program. The pharmacy has no computer, and although one was purchased recently, apparently no software is included for inventory management. There is no stock control for laboratory supplies, including test kits. Stockouts have occurred in the past, and annual orders for supplies (including test kits), are prepared based on consumption. The chief pharmacist has only recently been trained in ARVs, and no other pharmacy staff has received any training.

CHR Gaoua
(Total: 16)

Overall	The regional hospital in Gaoua does not offer ART and has no ARVs. After 7 years of offering VCT irregularly, several doctors and nurses participated in a major training activity in 2002, and the hospital has been offering it continuously for the past year. It has drawn up a five-year plan for the improvement and expansion of HIV/AIDS services. This plan includes construction of a day clinic, which has been approved by the hospital board of directors. However, the hospital has not yet secured financing to implement the plan.
Leadership and program model 3.0	Dr. Sié Benou Da, Director of Medical and Scientific Affairs, is head of HIV/AIDS activities. He and his colleague, Matthieu Sanou, are proactive leaders who have training and experience in HIV-related care, but no experience with ART. Their model of care for HIV services needs to be refined.
Services and clinical care 2.75	The medical team has experience in VCT and the treatment of opportunistic infections, but none of the staff is trained in ART. They have referred a few HIV-positive patients to Bobo for ART, but the patients could not afford the treatment. There is no PMTCT program on site, nor is there a referral system in place for this service. Although the hospital does not have the means to diagnose opportunistic infections in the laboratory, the doctors treat suspected cases. The hospital refers diagnosed HIV-positive patients to the association, Vie Solidaire. This association of PLWHA and people affected by HIV/AIDS provides home-based care to anyone who has been tested and diagnosed HIV positive and has agreed to enroll in the association. Vie Solidaire sometimes brings sick people to the hospital and is invited to all hospital meetings about HIV/AIDS. There is no designated space for ART.
Management and evaluation 2.5	Doctors keep medical dossiers for hospitalized patients and outpatients. The patient history includes information on whether (s)he has been screened for HIV, but there is no other information system specific to HIV/AIDS services. Medical directors visit the wards to monitor the quality of service. To introduce a successful ART program, a more structured internal monitoring and evaluation system needs to be in place. The hospital has also had occasional visits from the central level. It has financial indicators, which it reports to the board of directors every year to evaluate the hospital's performance. There is no system for collecting and analyzing medical statistics for HIV/AIDS patients.
Staffing and experience 2.25	Key personnel have been trained, but the staffing level is insufficient to support a successful ART program. The hospital has a very high turnover rate, which requires continuous training of new personnel. It has access to guidelines written by APRODEC, as well as the MOH protocols, but has not been trained in ART and has no ART protocols.
Laboratory capacity 3.0	The laboratory uses Determine as the first HIV test and follows up with Immunocomb II if the first test result is positive. If the two tests are discordant, the lab keeps the blood sample and tests it again later. All questionable test results are sent to Center Muraz for external quality control. The lab also conducts regular internal quality control. The lab does not place orders for HIV test kits and reagents. Instead, they are allocated at a higher level and arrive 2–3 times a year and are sometimes about to expire when they arrive. For non-HIV reagents, the laboratory staff estimates their needs and communicates them to the pharmacist, who procures them with hospital funds. Although the laboratory does not have a CD4 machine, one of the laboratory technicians has already been trained in its use by the Center Muraz. There is a plan to acquire a CD4 machine from the PRSS project. Two maintenance agents are available to ensure upkeep and repair of equipment.

<p>Drug management and procurement 2.3</p>	<p>The pharmacy records the essential logistics data items (stock on hand, consumption, losses) using its Excel spreadsheet. Inventory management procedures exist. All orders must be approved by the hospital administration, and insufficient financial resources at times prevents the site from ordering the full quantity requested. After an order has been placed, the CAMEG delivers it within 1 month. If stock levels are extremely low, the pharmacy sends someone to pick up part of the order from the CAMEG. The head of the pharmacy collects quarterly reports of consumption, losses, deliveries, and stock levels. These data are aggregated into an annual report, which he submits to the hospital administration. As is the case with HIV lab supplies, the pharmacy does not order drugs to treat opportunistic infections. These medicines are allocated by the MOH, and the quantities the hospital receives do not correspond to its needs. It has not identified any potential funding sources for ARVs.</p>
<p>Other comments</p>	<p>This facility has an excellent model of care for VCT, which protects the anonymity of the patient. Following pre-test counseling, if the patient agrees to be tested, the counselor takes the blood sample on the spot, codes the sample, and sends it to the laboratory for testing. The test results come back from the lab, and the counselor discusses the results with the patient.</p>

CHR Banfora (Total: 9.1)

Overall	CHR Banfora does not currently offer ART but is scheduled to start this year as part of the MAP II project. It is rated a Level 2.
Leadership and program model 1.0	The CHR Banfora provides only the counselling aspects of a VCT program. Clients are referred to other facilities for actual testing they might decide to undergo. The site offers neither PMTCT nor ART. One doctor and 1 nurse were trained in VCT. The doctor, Dr. Sié Ali, has been transferred, leaving 1 nurse, Mr. Zida Oumarou, to provide counseling services. Medical care, including for OIs, is provided by a single doctor when he is available. Staff members do not have access to protocols or therapeutic guidelines for HIV/AIDS care, and no staff member has experience in this area.
Services and clinical care 1.5	Site has no experience in ART. Site has one doctor, Dr. Sawadogo Christophe, who has received no training in ART. Even regular monitoring of hospital patients depends on this doctor's availability. Physical space for medical care is a serious problem. There is insufficient infrastructure, which compromises patient confidentiality. No space is allocated to those accompanying patients who find themselves in already crowded hospital wards. With the growing number of AIDS cases, Dr. Sié Ali initiated creation of an association of PLWHA and their dependents in October 2003, called <i>La Voie</i> . <i>La Voie</i> is a self-help organization that organizes support groups. The association sponsored the training of Dr. Sié Ali and Mr. Ouamarou in VCT, with the support of the French Red Cross and the <i>Maison de la Femme</i> .
Management and evaluation 1.5	The health information system consists of medical records common for all patients; outpatient consultation registers for patients monitored by Dr. Sié. There is no other system for monitoring and evaluation.
Staffing and experience 1.0	The hospital has a single Burkinabé doctor, as well as 4 volunteers—3 Cubans (a pediatric doctor, a gynecologist, and an anesthetist), and an Egyptian surgeon. The only doctor involved in VCT was transferred to Nouna. Apart from emergency care, all other services need additional doctors and paramedics for both regular patient care and HIV/AIDS-related care. Training is also needed.
Laboratory capacity 2.6	The laboratory has the capacity to carry out all tests needed to support ART, with the exception of CD4 and viral load. Rapid tests supplied to the laboratory are for use exclusively in blood security. Internal QC is carried out regularly using reference samples. There is no maintenance plan established for electrical equipment or for management of laboratory consumables. No staff members have received training in the past 2 years.
Drug management and procurement 1.5	Has a reasonably reliable distribution system in place. CAMEG delivers all orders. There is no defined reorder frequency; ordering is at the discretion of management. All orders are subject to the approval of hospital management and depend on available resources. There are no logistics documents in use, and supervision is limited to stock levels of drugs related to so-called <i>epidemics</i> . Occasional reports on the distribution of products between the different sales points and the different hospital services are sent to hospital management. Storage space for commodities is limited. Pharmacy staff members have their office in the warehouse. Inventory control procedures are not respected, and pharmacy staff expressed a need for training in inventory management.

CHN Sanou Sourou, Bobo-Dioulasso (Total: 24.3)

Leadership and program model 5.0	The CHN Sanou Sourou in Bobo-Dioulasso has dynamic leadership engaged in providing different HIV/AIDS services. It is the reference center for the Bobo region. A model of care for HIV/AIDS patients has been adopted. Because the national protocols have not been adopted formally, several other treatment protocols and algorithms are available.
Services and clinical care 4.75	<p>As a reference center, a more or less complete range of HIV/AIDS services are offered, including HIV diagnosis, OI treatment, and ART that includes psychosocial support.</p> <p>In the past 2 years, several training activities have taken place. All medical and paramedical staff has been trained in VCT, OI management, and ART adherence. In total, more than 100 nurses have been trained. Of those, 40 have received additional training in home-based care, community interventions, etc. The site has a specific space for HIV/AIDS care; however, medical staff identified the need for a day hospital/outpatient treatment center.</p> <p>Several associations participate in HIV/AIDS care and activities. Staff members are active in one such association, L'APRODEC. Members of other associations of PLWHA, such as Reve Plus, AID, and EVE, participate in hospital and home-based patient care.</p>
Management and evaluation 4.25	In the infectious disease service, where HIV/AIDS patients are treated, a medical file is used to monitor hospitalized patients, and a register is used to monitor outpatients. These two documents allow for regular monitoring of treatment adherence and side effects. The site has capacity for service monitoring and evaluation but it has not established procedures for this.
Staffing and experience 4.0	The hospital has both specialists and generalist medical staff, though the number is insufficient, given the facility's standing as a training hospital. A staff development plan was developed and submitted to the MOH. All staff involved in HIV/AIDS care have been trained in VCT, treatment of IOs, and adherence. So far, more than 100 nurses have been trained, including 40 of those who received training in community-based activities.
Laboratory capacity 3.0	The laboratory has the capacity to do all testing related to monitoring of ART patients, except viral load, which is done at the Centre Murase. No equipment maintenance plan exists, nor are there any internal or external quality control procedures (although external quality control is expected to occur through the ESTER project). Reagents required for monitoring ART patients are provided by ESTHER, and there are provisions for obtaining supplies locally.
Drug management and procurement 3.3	

Stock Status for Family Planning

In addition to the Terms of Reference for the mission, the technical team was asked to collect information on the availability of contraceptive commodities in Burkina Faso. This had been identified as a need due to potential problems with certain products, which were identified several months ago, with stockouts possible in the near future.

Information given to the team before the visit indicated the stock status shown in table 3:

Table 3: Stock Status at CAMEG in August 2003 and Projected to End of 2003

Product	Stock on Hand	Months of Stock Available	Projected Months of Stock 1/04
Depo-Provera	339,505	16.0	11.0
IUD	16,755	201.0	196.0
Lo-Femenal	428,400	9.5	4.5
Neo-Sampoon	22,281	83.0	78.0
NORPLANT	7,400	4.05 (received Jan. 04)	4.0
Ovrette	18,599	10.0	5.0
Male condoms	605,560	14.0	9.0

For each of the three products that were the subject of this analysis (Lo-Femenal, NORPLANT, and Ovrette), the August 2003 data indicated that, in January, between four and five months of stock would be available at CAMEG, below the typical recommended minimum stock level for a central warehouse.

The team was asked to collect data to verify if the predicted understock was correct. For this, the stock status at certain districts was ascertained to verify the overall situation and to see, in case of overstock at the district level, if the national stock status was as serious as feared.

The data collected at CAMEG and the DSF (table 4) show that the quantities distributed from October to December 2003 reflect the quantities shipped before August 2003, and the projected stock levels made for the beginning of 2004 are still reliable. In other words, there was a risk of stockouts of certain products by April or May of 2004 (if consumption remained at the same level over the coming months).

The data in table 4, gathered at six of the 53 districts of Burkina Faso, show that, for the products concerned, the districts are not overstocked.

Table 4: Months of Stock on Hand for Family Planning Products at Select DRSs

Site	Months of Stock on Hand, End of 2003/Beginning 2004						
	Depo-Provera	IUD	Lo-Femenal	Neo-Sampon	NORPLANT	Ovrette	Male condoms
CAMEG	10.8	158.2	3.2	44.4	4.0	5.9	4.7
Ouahigouya	2.5	158.0	0.4	0	0	0	n/a
Tenkodogo	1.9	360.0	3.4	0	0	0	0.8
Kaya	2.3	27.0	4.9	n/a	0	10.0	1.0
Bobo	0	40.6	0.7	0	.5	0	0
Banfara	2.0	+100.0	0.8	97.0	0	0	15.7
Gaoua	1.7	n/a	3.6	0	0	3.3	4.8

Notes:

- For CAMEG, months of stock on hand are from December 31, 2003; for the districts it is from the data of visit, January 26–30, 2004.
- For all sites, months of stock on hand are based on the quantities distributed to the next lower level.
- Several DRSs have just placed their quarterly orders with CAMEG.
- For Ouahigouya, condoms are managed by DSE, not the DRS.
- For Kaya, consumption of NORPLANT is for the three-month period before the current stockout.
- NORPLANT has just arrived in country and will be shipped with the next deliveries to the districts.

As shown in table 4, stockouts already existed for some products in certain districts. As soon as sites were resupplied, the stock at CAMEG was lower, which could cause stockouts at the central level earlier than expected.

Recommendations

1. To strengthen the logistics system and better ensure the long-term availability of products—
 - Design, document, and implement a national system for the management of ARV products and other products necessary for an ART program (test kits, etc.).
 - Use a flexible forecasting and procurement system that can respond to changes in program needs, fluctuations in market prices for drugs, new drug discoveries, and changes in treatment protocols.
 - Regularly update the lists of ARVs authorized for use, including a timely process for registration of new drugs.
 - Design and implement a system for reporting information that includes essential logistics data reconciled with service statistics to aid procurement and other decision making.
 - Clarify definitions of the roles and responsibilities of each player in the system, including but not limited to logistics functions.
 - Standardize the tools and other supports (forms, reports, software) used in the logistics and distribution system.
 - Include logistics indicators within the overall system for program supervision, monitoring, and evaluation.
 - Produce and disseminate a logistics guide that will serve as the main reference tool for implementing all aspects of the logistics system for HIV/AIDS commodities.
2. To ensure adherence to directives, protocols, and algorithms for ART—
 - Produce and disseminate a service guide that will serve as the main reference for ART services and includes the following:
 - prices for drugs/cost recovery to make ART more accessible to clients
 - treatment and testing protocols
 - minimum packet of activities, defined by level of care for ART, including OI service
 - a system of supervising, monitoring, and evaluating, including application of treatment and testing protocols and evolving treatment protocols due to resistance, side effects, toxicity, contraindications, and HIV-2 prevalence.
3. Other observations—
 - Procure regionally to obtain price reductions and make ART more financially accessible.
 - Ensure participation of all players, partners, and community groups at all levels, to profit from their experience in ART provision:
 - in the design of a logistics system
 - in training personnel at new sites
 - in implementation and monitoring and evaluation of a program.
 - Coordinate the various funding sources to ensure long-term product and resource availability.
 - Maintain staff to ensure program expansion as part of the 3 × 5 initiative.

4. Contraceptive commodity security—
 - Mobilize the resources necessary to ensure long-term availability of contraceptives.
5. ART and treatment protocols—
 - Officially ratify ART protocols so they can form the basis for future procurements.
 - Establish a procedure that will allow rapid approval of changes to protocols based on WHO recommendations. The procedure for approving drugs and placing them on the essential drug list (EDL) needs to be streamlined and simplified to allow the system to respond to rapid changes in ART guidelines. For instance, it is not clear if the protease inhibitor Neftinivir, already in use in a number of clinics, is officially approved for use in Burkina Faso.
 - Ensure that protocols are disseminated to all SDPs.
 - The national protocol should clearly state what regimens are allowed, and what drugs can be used, as it currently does. Protocols should then be capable of changing rapidly in line with global recommendations and local experience. In this way, providers will have the flexibility to allow the regimens to follow the national protocols and not search for medicines from other sources.

Appendices

Appendix I

Clinical Eligibility for ART

The clinical eligibility requirements for patients seeking ART are as follows:

1. Adults
 - a. Symptomatic
 - A3, B3, and C of the Centers for Disease Control and Treatment (CDC) classification
 - No need for CD4 count
 - b. Co-infection Tuberculosis/HIV: keep WHO recommendations
 - Stage C
 - But no treatment if CD4 >200/mm³
2. Pregnant women
 - Same criteria as for adults
 - But keep fetotoxicity in mind when selecting the molecules
3. Children
 - a. Children under age of 18 months
 - Asymptomatic: if CD4 < 20%
 - Symptomatic: stage B or C (CDC classification)
 - b. Children over age of 18 months
 - Asymptomatic: if CD4 < 15%
 - Symptomatic: stage B or C (CDC classification)

Appendix 2

ART Treatment Protocols

The national protocols for the prescription of ARVs are as follows:

Adult First-line Treatment

HIV-1: 2 nucleoside reverse transcriptase inhibitors (NRTI) + 1 non-nucleoside reverse transcriptase inhibitor (NNRTI)		
AZT	3TC	Efavirenz (EFV)
AZT	3TC	Nevirapine (NVP)
d4T	3TC	EFV
d4T	3TC	NVP
HIV-2 or co-infection: 2 NRTI + 1 protease inhibitor (PI)		
AZT	3TC	Indinavir
d4T	3TC	Indinavir

Adult Second-line Treatment

Second-line Treatment, First Attempt	Second-line Treatment, Second Attempt in Cases of Therapy Failure	Second-line Treatment, Second Attempt Alternative in Cases of Therapy Failure
ZDV + 3TC + EFV ZDV + 3TC + NVP	d4T + ddl + RTV + IDV d4T + ddl + RTV + LPV d4T + ddl + RTV + SQV	ABC + ddl + RTV + IDV ABC + ddl + RTV + LPV ABC + ddl + RTV + SQV ABC + ddl + NFV d4T + ddl + NFV
ZDV + 3TC + ABC	EFZ + LPV + RTV NVP + LPV + RTV EFZ + LPV + RTV + d4T NVP + LPV + RTV + d4T EFZ + LPV + RTV + ddl NVP + LPV + RTV + ddl	d4T + ddl + RTV + IDV d4T + ddl + RTV + LPV d4T + ddl + RTV + SQV
ZDV + 3TC + RTV + IDV ZDV + 3TC + RTV + LPV ZDV + 3TC + RTV + SQV ZDV + 3TC + NFV	d4T + EFZ d4T + NVP	ABC + ddl + EFZ ABC + ddl + NVP

(Schemas recommended by WHO: therapeutic schemas recommended for adults and adolescents.)

Notes:

- For reasons of toxicity, the combination d4T + ddI should only be prescribed in the absence of other therapeutic options.
- For patients who are hepatitis B positive (with replicating virus), do not prescribe NNRTIs, but instead prescribe 1 IP.

Pediatric First-line Treatment

2 NRTI + 1 NNRTI OR 3 NRTI		
AZT	3TC	EFV
AZT	ddl	EFV
AZT	3TC	NVP
AZT	ddl	NVP
AZT	3TC	ABC
AZT	ddl	ABC

Pediatric Second-Line Treatment

Second-line Treatment, First Attempt	Second-line Treatment, Second Attempt
ZDV + 3TC + ABC	d4T + ddl + LPV + RTV ^a d4T + ddl + NFV d4T + ddl + NNRTI ^b
ZDV + 3TC + NNRTI ^b	d4T + ddl + LPV + RTV ^a d4T + ddl + NFV

^a For children who can swallow gelcaps and for whom this presentation permits an appropriate calculation of the dose in relation weight or body surface; the combination LPV + RTV can be replaced by either SQV + RTV or IDV + RTV.

^b Choice of non-nucleoside reverse transcriptase inhibitors; NVP if < 3 years or < 10 kg, NVP or EFV if ≥ 3 years or ≥ 10 kg

(Schemas recommended by WHO: combination of antiretrovirals recommended for second attempt for children.)

Appendix 3

Voluntary Counseling and Testing

Voluntary counseling and testing (VCT) in Burkina Faso is done primarily by associations. There are several private associations providing VCT, including a large network of associations (e.g., CIC-Doc, with 13 VCT sites throughout the country). Although there is some VCT at public sector facilities, most of the HIV testing observed in public sector centers visited is for diagnostic purposes or blood screening.

A national testing protocol is said to exist, though it has not been officially documented, nor does the protocol specify the brand/make of tests to be used. The first test can be either a rapid test or a long ELISA, as can the second confirmatory test, though the second test must be different or based on a *different antigenic principle* from the first test. For cases of discordance, the protocol allows for a choice: either the second test is repeated, and, if the results are still discordant, an *undetermined* result is recorded, or the two tests are repeated. A third different test is used as a tie-breaker.

Notwithstanding the absence of a protocol specifying the tests to be used, only three rapid tests are in general use in Burkina:

- Determine is invariably the first test used.
- The second confirmatory test is either Genie II or Immunocomb, both of which can distinguish between HIV-1 and HIV-2.
- There is also limited use of Capillus, which is used as a tie-breaker in the MSF clinic in Pissy.

In practice, cases of discordance are handled differently by different sites; some repeat the two tests, some run a third tie-breaker, some refer patients to another testing site for a tiebreaker, and some ask the client to return after three months for another test.

There are other differences in protocols used at different sites. For example, some sites run the two tests in parallel; others do testing in series, only running the confirmatory test if the first test is positive; still others run both tests but check the confirmatory test only if the first test is positive.

There are no national protocols for counseling and confidentiality of clients for VCT. Guidelines were developed by the Family Health and AIDS Prevention Project (SFPS) and are in use in several clinics, and there seems to be general awareness of the need for confidentiality and counseling, although practices vary.

Appendix 4

Prevention of Mother-to-Child Transmission

The Prevention of Mother-to-Child Transmission (PMTCT) program is an important part of the overall National AIDS Program, particularly as part of the AIDS prevention strategy.

The program was launched officially in 2000 with an overall objective of reducing mother-to-child transmission by 50 percent. The program will be integrated progressively into regular service delivery in each of Burkina Faso's 55 health districts.

To that end, the following strategy has been adopted:

- Strengthen the health system.
- Strengthen human resource capacity of health personnel.
- Use communication for development (which is also part of the UNICEF strategy).
- Use resource mobilization.
- Use monitoring and evaluation.
- Do research.
- Make service more affordable for women.
- Provide education for the male population.

The PMTCT program started with two sites supported by UNICEF. New partners, noted below, have been added, and the program has enlarged to cover new sites.

Model of Care

The gateway to the PMTCT program is the prenatal consultation. In addition to regular services, the packet of services available under PMTCT includes group counseling during the prenatal consultation, followed by one-on-one counseling for those who opt for testing. Women who test positive are monitored until childbirth, when they and their newborn child are given Nevirapine. The child is then either given only milk substitute, or fed mother's milk for the first four months, followed by other foods.

The mothers and their newborn are monitored for 18 months. This is followed by an HIV test for the child. Those testing positive are referred to pediatric medical care services. During the 18-month observation period, mothers in need of tritherapy are also referred to appropriate medical services for care.

In this model of care, the husbands, co-wives, and other children of seropositive women are encouraged to undergo VCT. Community associations participate in psychosocial and sometimes material support for families, several of whose members are infected.

PMTCT treatment is free, even though antenatal services must be paid for (costs vary from site to site).

Traditional birth attendants are not involved in the current program.

It is also important to note that there is no official national policy document or guide concerning eligibility for care of family members of women receiving PMTCT support.

Donors

Several partners support the PMTCT program in Burkina Faso, including—

- the Government of Burkina Faso (particularly in human resources) and
- international organizations, such as UNICEF, the European Union, and the German and Dutch governments.

Each partner supports the PMTCT program in certain districts.

Challenges

One of the main initial challenges has been that districts were not ready to initiate or support the PMTCT program. Staff members were not trained in VCT, particularly in counseling, and appropriate infrastructure was not in place. It was, therefore, difficult to initiate and expand the program, especially because partners were more concerned with providing drugs rather than improving infrastructure.

Also, the existence of several different treatment protocols made program initiation difficult. Finally, the MOH decided on a Nevirapine-based protocol. A review of the current treatment protocol is planned during a scheduled overall program evaluation, due in 2004.

The PMTCT program has advanced more rapidly than the ART program. This has created problems in attracting women to PMTCT, because little treatment is available for mothers who tested positive.

Sites

Currently, PMTCT programs are in place in 10 districts: two in Ouaga, two in Bobo and one each in Gaoua, Tenkodogo, Nouna, Koupela, Kaya, and Ouahigouya. (Note: On-site visits to both Kaya and Tenkodogo, informants reported that although they expected PMTCT to begin shortly it had not yet started.)

During 2004, 14 new districts are scheduled to begin PMTCT. One of the major concerns is financing, because, without consistent financial support, it will be difficult to strengthen human resource capacity and improve infrastructure.

Sources of Supply and Stock Status

Currently, there are two principal sources of supply for nevirapine: UNICEF and Axios. Nevirapine is available to the program free of charge for five years (until the end of 2007).

Commodity forecasts were done based on health information statistics, namely, the number of pregnancies, number of women using antenatal services, and the HIV infection rate. However, taking into account the projected increase in the number of districts involved, a formal forecast plan of commodity needs is planned with CAMEG, the DGPML, and other stakeholders.

A stock status survey for nevirapine was carried out during a management visit; it revealed that most sites were overstocked in nevirapine.

Since the start of the program in July 2002, there have been three deliveries of nevirapine: two by UNICEF and one by Axios. The most recent delivery was during the second quarter of 2003 by UNICEF.

Regarding treatment of OIs and STIs, district management committees are required to set aside part of their regular drug supply for treatment of women following the PMTCT program.

Rapid tests for HIV are supplied by Abbott Laboratories (there was an initial donation of 8,000 Determine tests) and UNICEF. UNICEF alone has the capacity to fill all needs for PMTCT test kits.

The test kits currently used in the PMTCT program are Determine and Genie II.

As for nevirapine, commodity forecasts for test kits are based on data from the health information system (HIV prevalence among pregnant women, number of expected pregnancies, number of women using antenatal services, number of site offering services, etc.).

Service Statistics 2003

- 14,000 women received group counseling.
- 8,000 agreed to one-on-one pre-test counseling.
- 24 percent (1,920) were tested.
- By December 2003, 215 HIV positive women had been enrolled in the program and are currently being monitored regularly.

Appendix 5

Contacts and Resource Persons

Name and First Name	Title	Organisation
Mr. SONDE Issaka	Pharmacien	Centre de Traitement Amulatoire
Dr. KOUMARE Amadou	Pharmacien	Hôpital Pédiatre CDG
Mr. HIEMBO William	Major	Hôpital Pédiatre CDG
Dr. BAKOIN Didier		
Dr. COMPAORE	Directeur Général	Direction Générale de la Pharmacie, Médicaments et Laboratoire
Mme. SAWADOGO Scholastique Ida	Chargé Logistique	CAMEG
Mr. JOHNSTON Timothy	Senior Human Development Specialist	Banque Mondiale
Dr. ZOUNGRANA/KABORE Alice	Pédiatre	Hôpital Pédiatre CDG
Dr. TRAORE Wamarou	Chef du Département Chargé du Secteur Santé	Secretariat Permanent du Conseil National de Lutte Contre le SIDA et les IST
Mr. NIAMBA Pascal		CIC-DOC
Mr. KABRE Seydou	Coordinateur	Projet d'Appui au Programme National Multisectoriel de Lutte Contre le SIDA et les IST
Mr. SORGHOU Boukari		
Dr. KANKOUAN Justine		
Mme. OUATTARA Korotoumou	Directrice	CHR Ouahigouya
Mr. TOUGOUMA Eric	Administrateur	CHR Ouahigouya
Mr. OUEDRAOGO Hamado	Pharmacien	CHR Ouahigouya
Dr. Pietra	Médecin/Admin.	Centre de Santé St. Camille
Dr. Sanon/OUEDRAOGO Djeneba	Directrice	District Sanitaire Tenkodogo
Mr. TIENDREBEOGO Noufou	Préparateur d'Etat en Pharmacie	District Sanitaire Tenkodogo
Dr. Coulibaly Aboubacar	Médecin/Directeur par Intérim	CHR Tenkodogo
KAFANDO Patrick	Chef de Service Pharmacie et Laboratoire	CHR Tenkodogo

Name and First Name	Title	Organisation
COMPAORE Philippe	Directeur	DRS Tenkodogo
Abdoulaye Ouedraogo	Responsable du Laboratoire et Dépistage Volontaire	Association AMMIE Ouahigouya
DJIRE Abdoul-Azize	Pharmacien/Chef de Service Pharmacie	CHR Kaya
SAWADOGO Charles	Pharmacien/Chef de Service Laboratoire	CHR Kaya
DIALLO Issa	Médecin Généraliste/Pédiatrie et Adultes VIH	CHR Kaya
Dr. Bangagné Lansané	Directeur General de l'hopital Sanou Sourou	Tel: 97 34 87
Dr. Sanou Lezouma	Chef du projet VIH/SIDA a l'hopital S.S., Président de l'Association APRODEC	Tel: B: 98 03 03 Cell: 61 82 37
Dr. Sawadogo Adrien Bruno	Chef de service Medecine Interne, Bobo-Dioulasso	Tel: 97 00 44 Cell: 25 98 35 Sawadogoadrien@yahoo.fr
Yoni Assitan	Pharmacienne, Bobo	
Yameogo Souleymane	Pharmacien, Bobo	
Nikiema Antoine	Preparateur d'Etat en Pharmacie, Bobo	
Dr. Felix Ilboudo	Pharmacien, Chef du depot regional de Bobo, CAMEG	Tel: 97 26 08 cameg@cameg.bf
Kafando Christine	AED: Association Espoir pour Demain, Bobo	81 29 83
Justine Traoré	Association Reve Plus, Bobo-Dioulasso	
Mr. Sakandé Ablassé	Chef du District 15 par Interim, Bobo-Dioulasso	
Mr. Adama Compaoré	Directeur Général du C.H.R. de Banfora	
Mr. Zida Oumarou	Infirmier d'Etat, Major du service de medecine par interim, (seul à faire CDV), Banfora	
Mr. Lankouandé Abdoulaye	Preparateur d'Etat en Pharmacie, Surveillant d'Unité Technique, CHR Banfora	
Mr. Sourabie Lassina	Preparateur d'Etat en Pharmacie, CHR Banfora	
Mr. Vincent Zambré	Chef du service de la banque de sang/laboratoire, CHR Banfora	

Name and First Name	Title	Organisation
Dr. Mathieu Sanou	Médecin du service des entrées, C.H.R. de Gaoua	
Dr. Sié Benou Da	Directeur des Affaires Médicales et Scientifiques, C.H.R. de Gaoua	
Mr. Tiawara Foulazou	Technicien de Lab, Major du labo, CHR Gaoua	
Mr. Yelyaoré Clement	Préparateur d'Etat en Pharmacie, Major de la Pharmacie, CHR Gaoua	Tel: 68 97 03
Mr. Yaro Adrien	Gestionnaire de Pharmacie, District de Banfora	
Mr. Nikiema Jambo Edmond	Preparateur d'Etat en Pharmacie, District Sanitaire de Gaoua	
Mme Kaboré Veronique	Preparateur d'Etat en Pharmacie, District Sanitaire de Gaoua	
Mr. Lembo Wendceslas	Preparateur d'Etat en Pharmacie, District Sanitaire de Gaoua	
Dr. LAMIZANA Pierre	Médecin	Centre Médical du Camp de l'Unité
Prof. DRABO		CHUY-O
Mr. YAMEGON Edouard	Responsable du Programme CDV	CIC-Dco
Mr. SAWADOGO Léon	Technicine du Laboratoire	CIC-Doc
Mme. Coombs, Kristin	Coordinatrice du Projet	PSI Burkina, 36-45-47
Dr. Zongo, Ouampoko	Médecin referant SIDA	CHR Ouahigouya, 36-45-47
Dr. Some, Athanase	Médecin Generaliste/Pediatrie	CHR Tenkodogo, 26-50-70
Dr. Zala, Lassara	Médecin/Pediatrie	CHR Ouahigouya
Dr. Traore, Siaka	Médecin	Association AMMIE, Ouahigouya
Dr. Diallo, Issa	Médecin/Paediatrie	CHR Kaya, 23-48-36
Dr. Faure, Annick	Médecin du Projet	MSF/CMA Pissy
Dr. Hien, Alain Diedon	Médecin	MSF/CMA Pissy, 45-08-46, 26- 30-36
Dr. Virreto, Gerald	Médecin	MSF/CMA Pissy
Dr. Niemba, Pascale	Médecin (dermatologiste) Directeur Médecin	CHN Yalgado Ouedraogo CIC.Doc Campe Militaire, 21-05-84 (cell)
Mme Diabre	Responsable de la Pharmacie	CHN Yalgado Ouedraogo
Dr. Sangare, Lassana	Responsable Lab. Bactériologie et Virologie	CHN Yalgado Ouedraogo, 26-84- 67

Name and First Name	Title	Organisation
Dr. Ouedraogo Laurent	Médecin, Chef du Programme PTME au DSF	DSF, MinSan
M. Simone Kabore	Président Pharmacien	Réseau D'Accès Médicaments Essentiel (RAME) CHR Koudougou, 24-44-55

Those attending TA visit debriefing:

ONADJA Geneviève, Médecin, CMLS

KANKOUAN Justine, Médecin, Direction des Etudes et de la Planification, MOH

MIKIEMA Michel D. M., Médecin, CMLS

SAWADOGO, S. Iola, Pharmacien, CAMEG

BAKOUAN, Didier R., Médecin/Coordinateur, CMLS

OUEDRAOGO, W. Ernest, Attaché de Santé, DSF

NARE Narcisse, Médecin, DSF

SORGHO Boukary, PEP, DGPML

KABRE Seydou, PA, PMLS

Appendix 6

Calendrier des Visites sur le Terrain

Equipe I: Zone Ouest, accompagné par Mr. SORGHO Boukari

Lundi, 26-01-04: Départ de Ouaga; dormir à Bobo

Mardi, 27-01-04: Visites à Bobo

- CHU Sanou Sourou
- CAMEG
- Association
- District (produits PF)

Dormir à Bobo

Mercredi, 28-01-04: Visites à Banfora

- CHR de Banfora
- District (produits PF)

Dormir à Banfora (ou Gaoua)

Jeudi, 29-01-04: Visites à Gaoua

- CHR de Gaoua
- District (produits PF)

Dormir à Gaoua

Vendredi, 30-01-04: fin des travaux à Gaoua et retour à Ouaga

Equipe II: Zones Centrale et Est, accompagné par Dr. KANKOUAN Justine

Lundi, 26-01-04: Départ de Ouaga; dormir à Ouahigouya

Mardi, 27-01-04: Visites à Ouahigouya

- CHR de Ouahigouya
- Association
- District (produits PF)

Retour à Ouaga

Mercredi, 28-01-04: Visites à Tenkodogo

- CHR de Tenkodogo
- District (produits PF)

Dormir à Ouaga

Jeudi, 29-01-04: Visites à Kaya

- CHR de Kaya
- District (produits PF)

Dormir à Ouaga

Vendredi, 30-01-04: Visites à Ouaga

Appendix 7

ARV Drugs in Use in Burkina Faso

Active Ingredient	Presentation	Manufacturer	On EDL	Notes
Abacavir (ABC)	Tablet, 300 mg	GSK (Ziagen)	Y	
Didanosine (ddl)	Tablet, 150 mg	BMS (Videx)	Y	
Didanosine (ddl)	Tablet, 100 mg	BMS (Videx)	Y	
Didanosine (ddl)	Tablet, 50 mg	BMS (Videx)	Y	
Didanosine (ddl)	Tablet, 25 mg	BMS (Videx)	Y	
Didanosine (ddl)	Suspension, 2 g	BMS (Videx)	Y	
Didanosine (ddl)	Suspension, 4 g	BMS (Videx)	Y	
Efavirenz (EFZ)	Capsule, 200 mg	Merck (Stocrin)	Y	
Efavirenz (EFZ)	Capsule, 50 mg	Merck (Stocrin)	N	
Indinivir (IDV)	Capsule, 400 mg	Merck (Crixivan)	Y	
Indinivir (IDV)	Capsule, 200 mg	Merck (Crixivan)	Y	
Lamivudine (3TC)	Tablet, 150 mg	GSK (Epivir) Cipla (Lamivir)	Y	
Lamivudine + Zidovudine	Tablet, 150 mg + 300 mg	GSK (Combivir)	Y	
Lamivudine + Stavudine + Nevirapine	Tablet, 150 mg + 30 mg + 200 mg	Cipla (Triomune)	N	
Lamivudine (3TC)	Suspension, 10 mg/ml; 240 ml	GSK (Epivir) Cipla (Lamivir)	Y	
Nelfinavir	Tablet or powder	Pfizer (Viracept)	N	

Active Ingredient	Presentation	Manufacturer	On EDL	Notes
Nevirapine (NVP)	Tablet, 200 mg	BI (Viramune) Cipla (Nevimune)	Y	
Nevirapine (NVP)	Suspension, 50 mg/5 ml; 240 ml	BI (Viramune) Cipla (Nevimune)	Y	
Ritonavir	Tablet, 100 mg	Abbott (Norvir)	Y	
Stavudine (4dT)	Capsules, 40 mg	BMS (Zerit) Cipla (Stavir)	Y	Listed as tablet on EDL
Stavudine (4dT)	Capsules, 30 mg	BMS (Zerit) Cipla (Stavir)	Y	Listed as tablet on EDL
Stavudine (d4T)	Capsules, 20 mg	BMS (Zerit) Cipla (Stavir)	Y	Listed as tablet on EDL
Stavudine (d4T)	Capsules, 15 mg	BMS (Zerit) Cipla (Stavir)	Y	Listed as tablet on EDL
Stavudine (d4T)	Suspension, 1 mg/ml; 200 ml	BMS (Zerit) Cipla (Stavir)	Y	
Zalcitabine	Tablet, 0.375 mg		Y	On EDL but not found at sites
Zalcitabine	Tablet, 0.750 mg		Y	On EDL but not found at sites
Zidovudine (AZT)	Capsule, 100 mg	GSK (Retrovir) Cipla (Zidovir)	Y	
Zidovudine (AZT)	Capsule, 300 mg	GSK (Retrovir) Cipla (Zidovir)	Y	

Appendix 8

Stages of Readiness Tool, French Version

Domaine I : Dirigeants et Modèle du Programme

Élément	1	2	3	4	5
Dirigeant	Pas de dirigeant au site (point de prestation de service), ni dans la communauté.	Dirigeant à un niveau quelconque au site ou dans la communauté.	Un dirigeant, avec vision et de l'expérience dans la gestion des programmes de soins, mais a besoin d'assistance pour la conception et la mise en place du programme et des procédures TAR.	Un dirigeant, avec vision et de l'expérience dans la gestion d'un programme relatif au traitement du VIH, et s'est engagé dans la mise en place d'un programme TAR.	Un dirigeant de qualité qui gère le programme TAR et qui a l'expérience ou est formé dans la gestion des programmes TAR.
Modèle de Soins	N'a pas encore identifié des modèles de soins potentiels pour le programme TAR.	Des modèles de soins potentiels qui pourraient être adaptés au programme TAR ont été identifiés, mais l'assistance technique est nécessaire.	A choisi ou adapté un modèle de soins mais ce n'est pas encore détaillé.	Un modèle de soins détaillé existe ; les procédures existent ou sont en train d'être développés.	Un modèle de soins et les procédures sont documentés et ratifiés.
Schémas Thérapeutiques Standards TAR, de Première et de Seconde Intention	Peut avoir de l'expérience avec les protocoles de traitement des maladies à part le VIH, mais pas de connaissance de ni accès aux protocoles nationaux.	A de l'expérience avec les protocoles de traitement et soins du VIH mais pas d'expérience avec protocoles TAR.	A accès aux protocoles nationaux mais qui ne sont pas adaptés au site ou ne sont pas encore ratifiés par l'équipe de gestion du site.	A des protocoles définis sous forme de brouillon (pas encore ratifiés-finalisés pour le site) mais manque quelques aspects des procédures.	A des protocoles ratifiés pour admissibilité au programme TAR, dépistage au programme TAR, régimes, initiation, suivi de la clinique et du labo, adhérence au traitement, gestion et traitement des effets secondaires, interruption au traitement, et échec du traitement.

Domaine 2 : Services et Soins Cliniques**Élément**

Traitement Antirétroviral	Très peu ou aucun personnel avec expérience en consultation externe des clients VIH ; ni expérience ni formation en TAR.	Expérience en consultation externe des clients VIH mais ni expérience ni formation en TAR.	Quelques membres du personnel formé en TAR mais insuffisant pour supporter le programme.	Quelques membres du personnel formé en TAR mais expérience limitée ; formation supplémentaire peut être nécessaire.	Tout le personnel clé et la plupart du personnel support formés et expérimentés en TAR.
Gamme Compréhensive et Complète de Services¹	Soins primaires du VIH ou autres services très limités, soit à la clinique ou par liens avec institutions externes.	Accès aux services CDV au site ou à une institution externe ; soins primaires VIH ou autres services VIH à consultation externe au site ; manque de capacité pour élargir le programme sans assistance technique.	Quelques services VIH à consultation externe au site ou par liens avec institutions externes; traitement des MST et le CDV au site.	Programme pTME au site, y compris le CDV ; services à consultation externe pour le traitement du VIH (au site ou par institutions externes), y compris le traitement des infections opportunistes et du tuberculose ; peut avoir quelques insuffisances dans les services de support ou liens avec ces services, ou des manques de capacité.	Tous les services de bases recommandés pour un programme TAR au site, y compris conseils à l'adhérence au traitement, sensibilisation des clients, dépistage, suivi et traitement des toxicités et des échecs du traitement ; une gamme complète d' autres services au site ou liens coordonnés, y compris le CDV, soins primaires VIH, prévention et traitement des infections opportunistes, MST, pMTE, tuberculose, conseils, nutrition, liens avec services intérieurs, accès aux autres supports (nourriture, logement), soins basés à la maison, planification familiale, et prévention secondaire.

Domaine 2 : Services et Soins Cliniques**Élément**

Espace Physique	N'a pas de place pour des services TAR, espaces pour consultations confidentielles (privées), pas de plan pour expansion-construction.	Espace disponible mais limité, pas d'espaces pour consultations confidentielles (privées) ; plan limité d'expansion.	Pas de place TAR désignée mais a fait la planification pour ceci.	A de l'espace, pour TAR et consultations confidentielles, mais l'espace dans l'ensemble est limité.	A choisi et désigné un espace approprié pour les services TAR, y compris lieu pour consultations confidentielles.
Participation de la Communauté	Aucun réseau de supports communautaires ni participation de la communauté, établis ni initiés (planifiés).	Intérêt exprimé par la communauté à travers la mobilisation du support communautaire ; réseau de support initié y compris la participation des Personnes Vivant avec le VIH.	Réunions communautaires ; est en contact avec des responsables de la communauté ; analyse des besoins en cours ; contributions formelles ou informelles des Personnes Vivant avec le VIH.	Réseau communautaire établi et fonctionnel avec la participation des services de santé, gouvernement, activistes (dirigeants) communautaires, organisations religieuses, etc. ; analyse des besoins achevé ; participation active des groupes Personnes Vivant avec le VIH.	Réseau formel de collaboration avec la communauté et système d'envoi des malades ; participation active et proactive des intéressées, y compris Personnes Vivant avec le VIH, guérisseurs traditionnels, gouvernement, autres organisations, et dirigeants communautaires.
	1	2	3	4	5

¹ Gamme Compréhensive de Services recommandés pour un programme TAR comprend les aspects du soin compréhensif VIH, y compris: le Conseil et le Test-Volontaires (CDV), premiers soins VIH, tests de dépistage pour TAR (CDV, clinique, labo), suivi des traitements et gestion des toxicités et échec du traitement, support aux clients pour le suivi des traitements, prévention et traitement des maladies opportunistes y compris tuberculose (au site ou par institutions externes), liens aux soins intérieurs, gestion des MSTs, la Prévention de la Transmission de la Mère à l'Enfant (pTME), conseils aux clients, soin à la maison, sensibilisation des clients, support et suivi de l'adhérence au traitement, et liens aux autres services (nutrition, transport, etc.). Tous ces services doivent être disponible au site/clinique à travers liens avec autres programmes. Autres services peuvent inclure la planification familiale, prévention de la transmission VIH, et soins à base maison.

Domaine 3 : Gestion et Evaluation**Elément**

Système d'Information Sanitaire	Pas de SIS pour faire le suivi des clients ; pas de fichiers médicaux ou système de base de fichiers médicaux.	SIS de base pour faire le suivi des clients mais ne collecte pas de renseignements spécifiques sur le traitement du VIH. Quelques éléments d'un système de fichiers médicaux.	SIS de base mais capacité limitée pour couvrir les besoins d'un programme ARV ; besoin d'amélioration du système de fichiers médicaux ou de sa gestion.	Système de suivi des clients, mais lacunes dans le suivi des clients et le tenu des fichiers médicaux.	Système en place pour le suivi des clients, fichiers médicaux, et schémas pour les soins et les analyses labos, y compris les formulaires-fichiers spécifiques ou autres processus pour TAR.
Suivi et Evaluation du Programme	Aucun programme n'a établi des procédures de suivi et d'évaluation; aucun système n'est planifié.	Quelques procédures d'un système de suivi et évaluation en place ou planifié pour d'autres programmes, mais insuffisant pour l'application immédiate au programme ART.	Système de suivi et d'évaluation relatif au programme VIH, cadre formé dans le suivi et évaluation, ou accès aux autres ressources relatives au suivi et évaluation, mais pas de procédures spécifiques pour suivi et évaluation du programme ARV, ni plan d'amélioration de la qualité du programme.	Quelques procédures de suivi et d'évaluation du programme et d'amélioration du programme ARV, en place ou planifié, mais a besoin d'amélioration.	Système de suivi et d'évaluation du programme est en place ; système comprend processus de S et E qui mesure les résultats des interventions du traitement VIH y compris ARV; résultats sont pris en compte dans un processus d'amélioration de service et sont utilisés pour la prise de décisions au niveau du programme.
	1	2	3	4	5

Domaine 4 : Capacités des Ressources Humaines**Élément**

Personnel	Multiples postes vacants, y compris le personnel clé (cliniciens et support) au niveau des points de prestation de services ; pas de capacité/moyens pour l'embauche.	Personnel clé (cliniciens et support) en place mais pas la capacité d'initier un programme ARV ni d'embaucher le personnel manquant.	Personnel clé (cliniciens et support) en place, suffisant pour initier le programme ARV mais pas pour le soutenir au long terme. A commencé à identifier les besoins à long terme et a un plan/une proposition pour embaucher les postes vacants.	Personnel clé en place, suffisant pour initier et soutenir le programme ARV, mais pas pour l'élargir. Besoins en staff sont identifiés et un plan existe pour embaucher les postes vacants.	Tout le personnel nécessaire est en place et a la capacité d'initier, soutenir et élargir le programme ARV.
Formation et Développement des Compétences	Le personnel existant n'est pas formé et n'a pas d'expérience en soins des VIH ni ARVs. Un plan de formation n'existe pas. Accès limité aux ressources pédagogiques.	Le personnel existant a été formé ou a de l'expérience en VIH ou ARV. Peut avoir accès à un programme de formation dans d'autres domaines, mais pas en ARV. Accès limité aux ressources pédagogiques.	Le personnel a été formé et a une expérience limitée en soins des VIH et/ou ARV ; le personnel clé a été formé ou sera formé pour le démarrage du programme. Accès limité aux ressources pédagogiques.	Le personnel clé a été formé en prescription, suivi, et adhérence au traitement avec ARVs. La formation des autres membres du personnel est planifiée. Le centre est en train d'établir des ressources pédagogiques.	Tout le personnel impliqué a été formé et a de l'expérience dans les soins primaires VIH et ARV, y compris prescription, suivi, et adhérence au traitement avec ARVs et counselling. Programme de formation continue est en place pour tout le personnel. Ressources pédagogiques existent au centre.

Domaine 5 : Capacités Laboratoire					
Elément					
Capacité d'Analyse	Pas d'accès ou accès limité au laboratoires minimum selon protocoles nationaux/OMS ; pas de mécanisme d'assurance de la qualité.	Accès au laboratoires selon protocoles nationaux/OMS, mais pas fiable.	Accès aux laboratoires pour tests de dépistage et suivi selon protocoles nationaux/OMS.	Capacité dépasse le minimum, ex. : peut faire le test de la fonction du foie ; laboratoires pour tests de dépistage et suivi, non compris compte de CD4s et charge virale ; peut faire compte des lymphocytes.	Toute la gamme des analyses selon protocole ARV, y compris compte de CD4.
Barème de Qualité	N'a pas de barème de qualité ; pas de programme ni budget pour maintenance des équipements labos ; disponibilité limitée en consommables	Faible barème de qualité ; faible programme de maintenance des équipements et d'assurance de la qualité	Possède quelques équipements et disponibilité des consommables. Barème de qualité existe mais n'est pas toujours respecté.	Possède équipements ; programme de maintenance en place. Programme d'assurance de qualité interne et externe. Peut subir interruptions de temps en temps.	Programme d'assurance de qualité interne et externe, système fiable de maintenance des équipements, et disponibilité constante des consommables.
Capacité logistique	Pas de procédures pour la gestion des consommables. Ne suit pas de procédures de gestion des autres produits médicaux/médicaments essentiels.	Pas de procédures pour la gestion des consommables et système/procédures de gestion des autres produits médicaux/médicaments essentiels faible ou non fiable.	Pas de procédures pour la gestion des consommables, mais procédures de gestion des autres produits médicaux/médicaments essentiels en place et fonctionnelles.	En train de concevoir des procédures pour la gestion des consommables, mais pas encore achevé ; système de gestion des autres médicaments fonctionnel.	Système de gestion des consommables et procédures en place, y compris pour la prévision et l'approvisionnement, la collecte des données sur l'état de stock, et les commandes d'urgence. Système de gestion des autres médicaments essentiels existant et fonctionnel.
	1	2	3	4	5

Domaine 6: Gestion des Produits Pharmaceutiques et l'Approvisionnement

Elément

<p>Réseau de Distribution</p>	<p>Faible réseau de distribution en place; multiples améliorations nécessaires, y compris dans l'approvisionnement et la gestion des ARVs et processus d'assurance de la qualité pour la disponibilité des produits (système d'information pour la gestion logistique; supervision du système logistique).</p>	<p>Réseau de distribution assez fiable en place mais a besoin d'améliorations et de modifications pour la gestion des ARVs; processus d'assurance de la qualité pour la disponibilité des produits très limité.</p>	<p>Bon réseau de distribution en place mais nécessite des améliorations pour la gestion des ARVs; processus d'assurance de la qualité pour la disponibilité des produits est peu fiable.</p>	<p>Réseau de distribution fiable, mais peut nécessiter assistance technique pour la gestion logistique des ARVs; processus d'assurance de la qualité pour la disponibilité des produits limité.</p>	<p>Réseau de distribution fiable du fournisseur jusqu'aux points de prestation de services, y compris lieux d'entrepôt et de distribution aux clients en sécurité; processus fonctionnel d'assurance de la qualité pour la disponibilité des produits et suffisant pour éviter des ruptures de stock en ARVs aux sites.</p>
<p>Gestion de la Pharmacie</p>	<p>Pas de procédures pour la gestion des ARVs. Ne suit pas de procédures de gestion des autres produits médicaux/médicaments essentiels.</p>	<p>Pas de procédures pour la gestion des ARVs et système/ procédures de gestion des autres produits médicaux/ médicaments essentiels faible ou non fiable.</p>	<p>Pas de procédures pour la gestion des ARVs mais procédures de gestion des autres produits médicaux/médicaments essentiels en place et fonctionnelles.</p>	<p>En train de concevoir des procédures pour la gestion des ARVs mais pas encore achevé ; système de gestion des autres médicaments fonctionnel.</p>	<p>Système de gestion des ARVs et procédures en place, y compris pour la prévision et l'approvisionnement, la collecte des données sur l'état de stock, la gestion des produits, les commandes d'urgence. Système de gestion des autres médicaments essentiels existant et fonctionnel.</p>

Domaine 6: Gestion des Produits Pharmaceutiques et l'Approvisionnement					
Elément					
Ressources Financières pour l'Acquisition des ARVs et autres médicaments	N'a pas commencé à identifier les sources de financement des ARVs. Ressources financières très limitées pour l'achat des autres médicaments pour le traitement des maladies liées au VIH, complications dues aux effets secondaires des ARVs, et autres médicaments essentiels.	2	3	4	5
	Sources de financement des ARVs en train d'être identifiées ; ressources financières limitées pour l'achat des autres médicaments pour le traitement des maladies liées au VIH, complications dues aux effets secondaires des ARVs, et autres médicaments essentiels.	2	3	4	5
	A trouvé des sources de financement potentiels pour les ARVs, mais de courte durée. Aura besoin de fonds supplémentaires pour augmenter la disponibilité des produits nécessaires pour le traitement des maladies liées au VIH, complications dues aux effets secondaires des ARVs, et autres médicaments essentiels.	3	4	5	5
	A obtenu le financement pour les ARVs, mais de courte durée ; pas d'engagements pour financement futur. Quantité suffisante de produits nécessaires pour le traitement des maladies liées au VIH, complications dues aux effets secondaires des ARVs, et autres médicaments essentiels.	4	5	5	5
	A obtenu le financement nécessaire pour l'achat des ARVs nécessaires pour le traitement des malades pour une année et des engagements du financement futur ; a une quantité suffisante de produits nécessaires pour le traitement des maladies liées au VIH, complications dues aux effets secondaires des ARVs, et autres médicaments essentiels.	5	5	5	5

Outil d'Évaluation de la Gestion des Produits VIH/SIDA

y compris les réactifs et équipements laboratoires

Nom de la Formation Sanitaire: _____

Type de Formation Sanitaire: Gouvernemental ONG Privé Employeur Volontaire/Religieux

Recherche Autre (Spécifier) _____

Date: _____ (jour/mois/année)

Enquetuers: _____

Noms et titre des interviewees:

Nom	Titre	Nom	Titre
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Commentaire général: _____

Etat de Stock

Nom du Centre: _____ District: _____ Date de la Visite: _____

Niveau de stock minimum: _____ Niveau de stock maximum: _____

[barrez le(s) produit(s) non-géré(s) par ce centre]

Produits ARVs Gérés par le centre	Fiche de Stock Disponible O / N	Fiche de Stock Mise à jour O / N	Solde noté sur la fiche de stock	Date du dernier Inv. Physique	CMM sur 3 mois	MSD	Niveau Maximum	Durée des Ruptures de Stock	Produits périmés ou endommagés
Combivir 350 mg.gel.									
Efavirenz (Stocrin)									
200 mg.gel.									
Efavirenz (Stocrin)									
50 mg.gel									
Indi									
400mg.gel.									
Lamivudine (Lamivir) 150mg									
gel.									
Lamivudine (Lamivir) sirop,									
10mg/ml									
Nevirapene (Nevimune) 250									
mg. Cap.									
Nevirapene (Nevimune)									
sirop 50 mg.									
Stavudine (Zerit)									
30 mg.gel.									
Stavudine (Zerit)									
sirop 1 mg/ml									
Zidovudine (Zidovir)									
100 mg.gel.									
Zidovudine (Zidovir)									
300 mg.cap.									
Zidovudine (Zidovir) sirop									
50mg/ml									
REACTIFS									

Produits ARVs Gérés par le centre	Fiche de Stock Disponible O / N	Fiche de Stock Mise à Jour O / N	Solde noté sur la fiche de stock	Date du dernier Inv. Physique	CMM sur 3 mois	MSD	Niveau Maximum	Durée des Ruptures de Stock	Produits périmés ou endommagés
Determine									
Génie 2									
Consommables Tests de Dépistage VIH : pipettes, bouts de pipette, vacutainers									
Autres Produits CDV et pTME									
Autres Produits TB/IO									

Questions	ARVs pour TAR	Réactifs	Consommables labo	PTME	PPE	TB	IO	Narcotics	Autres méd. essentiels
I. Données logistiques									
Quels supports utilisez-vous pour la collecte de données ? (fiche de stock, carnet, bordereau de livraison, registre des tests de dépistage, etc.) Quelles données s'y trouvent ?									
Qui utilise ces informations ?									
Comment utilise-t-on ces informations ?									
Y a-t-il des rapports logistiques pour ces produits ? (nom du rapport et demande une copie)									
Quels sont les données, informations qui se trouvent dans ces rapports ?									

Questions	ARVs pour TAR	Réactifs	Consommables labo	PTME	PPE	TB	IO	Narcotics	Autres méd. essentiels
Qui prépare les rapports logistiques ?									
Y a-t-il une comparaison des données logistiques et statistiques de service ?									
Est-ce que les données logistiques sont transmises aux fournisseurs des produits ?									
Si oui, lesquelles ?									
Où est-ce que vous envoyez les données ?									
Quelle est la fréquence des rapports logistiques ?									

Questions	ARVs pour TAR	Réactifs	Consommables labo	PTME	PPE	TB	IO	Narcotics	Autres méd. essentiels
Est-ce que vous avez tout le matériel nécessaire pour la préparation et transmission des rapports logistiques ?									
La commande et l'approvisionnement									
Qui détermine les quantités à commander ?									
Quelle est la fréquence (périodicité) des commandes ? Qui l'a fixé ?									
Comment est-ce que vous déterminez les quantités à commander ? (données utilisées, méthodologie)									
Est-ce que les contraintes financières limitent la quantité que vous pouvez/voulez commander ?									

Questions	ARVs pour TAR	Réactifs	Consommables labo	PTME	PPE	TB	IO	Narcotics	Autres méd. essentiels
Qui vérifie la commande ?									
A qui vous envoyez la commande ?									
Comment est-ce que vous envoyez/transmettez la commande ? (fax, courrier, réunion)									
Quel est le délai entre la transmission de la commande et la réception des produits commandés ?									
Est-ce que vous recevez ce que vous commandez ?									
Qui vous a appris la procédure des commandes des produits ?									

Questions	ARVs pour TAR	Réactifs	Consommables labo	PTME	PPE	TB	IO	Narcotics	Autres méd. essentiels
Qui est responsable pour le transport des produits du fournisseur au centre ?									
Quel moyen de transport est utilisé ?									
Est-ce que le transport est régulier ? Sinon, quels problèmes ? Comment on le ressoudre ?									
Support organisationnel pour la logistique									
Est-ce que vous avez des supports, manuels techniques ou autre guide de procédures pour la gestion des produits ?									
Comment est-ce que vous avez appris la gestion des produits, l'utilisation des fiches/formulaires, le calcul de la quantité à commander, etc. ?									

Questions	ARVs pour TAR	Réactifs	Consommables labo	PTME	PPE	TB	IO	Narcotics	Autres méd. essentiels
Qui supervise les tâches logistiques ?									
Quand est-ce que vous avez reçu la dernière supervision ? Qui a fait la visite de supervision ?									
Qu'est-ce qu'on a fait pendant la visite ? Qu'est-ce qui a été supervisé/contrôlé ?									
Gestion particulière des produits									
Est-ce que vous faites le reconditionnement des produits pour distribution aux clients ? (ex, bouteille de 1.000 pièces) Si oui, comment ?									
Est-ce certains produits sont stockés dans la maternité ? Si oui, lesquels ?									

Questions	ARVs pour TAR	Réactifs	Consommables labo	PTME	PPE	TB	IO	Narcotics	Autres méd. essentiels
Est-ce qu'il y a un système de contrôle interne et/ou externe pour les tests de dépistage au labo ?									
Est-ce qu'il y a un programme de maintenance ou entretien régulier pour les équipements du labo ?									

Conditions de Stockage

Description	Commentaires	Commentaires
<p>1. Les produits prêts à être distribués sont disposés de telle manière que les étiquettes d'identification et les dates de péremption et/ou de fabrication sont visibles.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		<p>10. Tous les déchets dangereux (p. ex., aiguilles, matériels toxiques) sont évacués correctement et ne sont pas accessibles par le personnel non médical.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>
<p>2. Les produits prêts à être distribués sont disposés de telle manière que les étiquettes d'identification et les dates de péremption et/ou de fabrication sont visibles.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		<p>11. Le toit est maintenu en bon état pour éviter la pénétration de la lumière du soleil et de l'eau en toutes circonstances.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>
<p>3. Les cartons et les produits sont en bon état et ne sont pas endommagés. Si les cartons sont ouverts, les produits ne sont pas humides ou craquelés par suite de la chaleur ou du rayonnement. (Lumières fluorescentes dans le cas de condoms, Depo Provera® stockés verticalement).</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		<p>12. Le local de stockage est maintenu en bon état (c'est-à-dire propre, sans déchets, les étagères sont nettoyées et les boîtes sont correctement disposées).</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>
<p>4. Le centre sépare toujours les produits endommagés et/ou périmés des bons produits et les supprime du stock.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		<p>13. L'espace et l'organisation sont suffisants pour les produits existants et une éventuelle extension (p. ex., réception de produits attendus dans un avenir proche).</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>
<p>5. Les produits sont protégés de la lumière directe du soleil à tout moment de la journée et en toute saison.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		<p>14. Les produits sont rangés à 10 cm au moins au-dessus du sol.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>
<p>6. Les cartons et les produits sont protégés de l'eau et de l'humidité en toute saison.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		<p>15. Les produits sont rangés à 30 cm au moins des parois et des autres piles.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>
<p>7. La zone de stockage est exempte d'insectes et de rongeurs. (Vérifiez visuellement les traces de rongeurs et d'insectes dans la zone de stockage).</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		<p>16. Les produits sont rangés sur une hauteur de 2,5 mètres maximum.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>

Description	Commentaires	Commentaires
<p>8. La zone de stockage est sécurisée par un verrou et une clé, mais est accessible pendant les heures de travail normales, avec un accès limité aux personnels autorisés.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		
<p>9. Les produits sont stockés à la température adéquate en toute saison selon les spécifications de température du produit.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>		
	<p>17. Le matériel de sécurité-incendie est disponible et accessible (tout article permettant de lutter contre le feu doit être pris en compte).</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>	
	<p>18. Les produits sont stockés séparément des insecticides et des produits chimiques.</p> <p><input type="checkbox"/> Oui <input type="checkbox"/> Non</p>	

Sécurité des produits de haut valeur, controlled substances (narcotiques)

Y a-t-il un lieu de stockage secure et séparé des autres produits pour les produits de haut valeur, narcotiques, etc. ?

Est-ce qu'il y a plusieurs personnes impliquées dans la gestion des ces produits (exemple, une personne pour vérifié le travail de l'autre quand on remplit les commandes ou quand on reçoit les produits, au moment de l'inventaire physique en équipe, etc.) ?

Est-ce qu'il y a des inspections ou supervisions imprévues ou opportunes pour ces produits ?

Quel mécanismes de sécurité sont en place au moment du transport d'un site à un autre ?

Quel mécanismes de sécurité sont en place au moment de la distribution aux clients ?

Est-ce qu'on fait le contrôle des pertes des ce produits ? Si oui, comment ?

Est-ce que la performance du personnel est évaluée en tenant compte des pertes ou absence de pertes ?

Autre commentaire de nature générale :

Outil d'Évaluation des Services VIH/SIDA

Nom de la Formation Sanitaire: _____

Type de Formation Sanitaire: Gouvernemental ONG Privé Employeur Volontaire/Religieux
 Recherche Autre (Spécifier) _____

Date: _____ (jour/mois/année)

Enquetuers: _____

Noms et titre des interviewees:

Nom	Titre	Nom	Titre
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Commentaire général:

Outil d'Évaluation des Services VIH/SIDA

Questions	CTV	PTME	Dépistage Syphilis	Planification familiale	IST	IO	TB	PEP	AAD	ART	Conseil	IEC
I. Services A. Les services suivants sont-ils offerts dans cette formation sanitaire ? Si Non, passer à la question I.	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non
B- Leadership et Gestion de programme. Qui est responsable de la coordination de chaque service ?	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier <input type="checkbox"/> Tech. de Laboratoire <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Tech. de Laboratoire <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Tech. de Laboratoire <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Agent Communautaire <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Agent Communautaire <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Tech. de Laboratoire <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Agent Communautaire <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Communauté liaison <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Communauté liaison <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Communauté liaison <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Communauté liaison <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Communauté liaison <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Communauté liaison <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> Administrateur <input type="checkbox"/> Médecin <input type="checkbox"/> Infirmier (ère) <input type="checkbox"/> Laboratoire Tech <input type="checkbox"/> Pharmacien <input type="checkbox"/> AAD <input type="checkbox"/> Coordinateur <input type="checkbox"/> Communauté liaison <input type="checkbox"/> Conseiller <input type="checkbox"/> Autre (Spécifier)
C. Combien de temps avez vous passé a ce poste ?												

Questions	CTV	PTME	Depistage Syphilis	Planification Familiale	IST	IO	TB	PEP	AAD	ART	Counsel	IEC
D. Quels défis aviez vous a relever en offrant ces services ?												
E. Quelles solutions aviez vous proposées ? Ont-elles marché ?												
F. Le service est-il intégré aux autres services VIH/ SIDA ou est-il vertical ?	<input type="checkbox"/> Intégré <input type="checkbox"/> Vertical											

Questions	CTV	PTME	Depistage Syphilis	Planification Familiale	IST	IO	TB	PEP	AAD	ART	Conseils	IEC	
G. Ce service est-il offert aux malades hospitalisés, externes ou en stratégie avancée ?	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée (AT)	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Externes <input type="checkbox"/> Professionnels de la santé <input type="checkbox"/> Victimes d'abus sexuel	<input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée
H. Quel(s) service(s) sont offert(s)	Conseil <input type="checkbox"/> Pre-Test <input type="checkbox"/> Post-Test	<input type="checkbox"/> ARV prophylactique (mere & enfant) <input type="checkbox"/> CT <input type="checkbox"/> PF <input type="checkbox"/> Conseil/Alait. Mater. / <input type="checkbox"/> Co-trimoxazole prophylactique <input type="checkbox"/> Vaccination <input type="checkbox"/> Depistage Syphilis	<input type="checkbox"/> Test RPR <input type="checkbox"/> VDRL or TPHA <input type="checkbox"/> TPPA / "Determine" <input type="checkbox"/> Traitement Syphilis <input type="checkbox"/> Notification du partenaire	<input type="checkbox"/> Conseil en planification familiale <input type="checkbox"/> Distribution de Contraceptif <input type="checkbox"/> Distribution de Condom	<input type="checkbox"/> Diagnostic de laboratoire <input type="checkbox"/> Radio Pulmonaire <input type="checkbox"/> Traitement <input type="checkbox"/> Conseil	<input type="checkbox"/> Test Cutané <input type="checkbox"/> Radio Pul. <input type="checkbox"/> Exam. Crachats <input type="checkbox"/> Traitement <input type="checkbox"/> DOT <input type="checkbox"/> Prophylaxie anti TB	<input type="checkbox"/> CT <input type="checkbox"/> ARV prophylactique	<input type="checkbox"/> DOT <input type="checkbox"/> Soutien psychosocial <input type="checkbox"/> Soins Palliatifs <input type="checkbox"/> Traitement et conseils	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée	<input type="checkbox"/> CT <input type="checkbox"/> Prevention primaire/secondaire <input type="checkbox"/> Nutrition/Alaitement <input type="checkbox"/> P F <input type="checkbox"/> Conseil d'Adherence au ttt <input type="checkbox"/> Adminis- tration des medic. pediat- riques <input type="checkbox"/> PEP <input type="checkbox"/> Psycho-social	<input type="checkbox"/> Hospitalisés <input type="checkbox"/> Externes <input type="checkbox"/> Stratégie avancée
I. Y a-t-il un system de reference pour ce service ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Oui <input type="checkbox"/> Non	
J. Si oui, où les malades sont-ils référés ?													
K. Decrivez le system de reference des patients. (formel ou informel?)													
L. Le system de reference des patients est-il operationnel ?													

	CTV	PTME	Depistage Syphilis	Planification Familiale	IST	IO	TB	PEP	AAD	ART	Counseils	IEC
<p>II. L'affluence des patients A. Depuis combien de temps ce service est offert ?</p>												
<p>B. Comment a été l'affluence des patients? (forte demande, faible satisfaction ?)</p>												
<p>C. Comment la disponibilité des produits a t-elle affecté l'affluence des patients ?</p>												
<p>D. Quels sont les plans d'expansion des services ?</p>												

Questions	CTV	PTME	Diagnostic Syphilis	Planification familiale	IST	IO	TB	PEP	AAD	ART	Counseils	IEC
III. Personnel et Travail en Equipe A. Quel est le niveau de personnel autorisé pour les catégories suivantes ?	1-Médecins Spécialistes 2-Médecins Généralistes 3-Infirmières d'état ? 4-Infirmières qualifiées ? 5-Sage-femmes ? 6-Laborantins								7-Techniciens de laboratoire 8- 9- 10-Pharmaciens 11-Techniciens de pharmacie 12 -			
B. Combien de chaque catégorie professionnelle avez vous ?	1-Médecins Spécialistes 2-Médecins Généralistes 3-Infirmières d'état ? 4-Infirmières qualifiées ? 5-Sage-femmes ? 6-Laborantins								7-Techniciens de laboratoire 8- 9- 10-Pharmaciens 11-Techniciens de pharmacie 12 -			
C-Pourquoi il y a t-il une disparité ? (A et B sont-ils différents)												
D-Quels sont vos besoins en personnel au delà du nombre autorisé pour la PTME et l'ART ?	1-Médecins Spécialistes 2-Médecins Généralistes 3-Infirmières d'état ? 4-Infirmières qualifiées ? 5-Sage-femmes ? 6-Laborantins								7-Techniciens de laboratoire 8- 9- 10-Pharmaciens 11-Techniciens de pharmacie 12 -			
E- Quelle a été la mobilité du personnel pendant les deux dernières années ??	1-Médecins Spécialistes 2-Médecins Généralistes 3-Infirmières d'état ? 4-Infirmières qualifiées ? 5-Sage-femmes ? 6-Laborantins								7-Techniciens de laboratoire 8- 9- 10-Pharmaciens 11-Techniciens de pharmacie 12 -			

	CTV	PTME	Diagnostic Syphilis	Planification familiale	IST	IO	TB	PEP	AAD	ART	Counselis	IEC
F. Quels sont les besoins en formation pour chacun des services suivants ? (Indiquer le nombre de personnes a former)												
G. Travail en équipe pour la PTME et l'ART												
I. Comment les informations sont-elles échangées entre le personnel ? (ex : gestion des cas cliniques, réunion sur la mortalité mensuelle, conseil médical)												
2. Tenez vous des réunions multidisciplinaires ? (Par exemple médecins, pharmaciens, laborantins, etc...)												
3. A quelle fréquence ces réunions sont-elles tenues ? Spécifier <input type="checkbox"/> Hebdomadaire <input type="checkbox"/> Bimensuelle <input type="checkbox"/> Mensuelle <input type="checkbox"/> Trimestrielle <input type="checkbox"/> Autre												
4. Quels genres de sujets de coordination ou de gestion sont discutés au cours de ces réunions ?												

	CTV	PTME	Diagnostic Syphilis	Planification familiale	IST	IO	TB	PEP	AAD	ART	Counselis	IEC
5. Y a-t-il un système de supervision interne ? Si oui, quelles sont les activités de supervision qui sont menées ? Quand s'est passé la supervision la plus récente ?												
6. Y a-t-il un système de suivi et évaluation du programme ARV ? Si oui, décrivez le système.												

Questions	CTV	PTME	Depistage Syphilis	Planification Familiale	IST	IO	TB	PEP	AAD	ART	Conseils	IEC
IV. Implication des communautés A. Les groupes d'influence suivants sont-ils impliqués dans vos services ?	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)	<input type="checkbox"/> PWS <input type="checkbox"/> Groupes de plaidoyer et de sensibilisation <input type="checkbox"/> Chefs Religieux <input type="checkbox"/> Professionnels de santé <input type="checkbox"/> Accoucheuses traditionnelles <input type="checkbox"/> Guérisseurs traditionnels <input type="checkbox"/> Enseignants <input type="checkbox"/> Parents d'élèves <input type="checkbox"/> Associations de jeunes <input type="checkbox"/> Syndicat <input type="checkbox"/> Secteur privé <input type="checkbox"/> Autre (Spécifier)
B. Comment sont-ils impliqués ? (Explication de l'enquêteur)												

Questions	CTV	PTME	Dépistage Syphilis	Planification familiale	IST	IO	TB	PEP	AAD	ART	Counseling	IEC
V. Règles sur les prestations de services A. Disposez vous de manuels or protocoles indiquant les procédures pour ce service ? (Si oui, demander à voir une copie)	<input type="checkbox"/> Oui, vu <input type="checkbox"/> Oui, non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Non	<input type="checkbox"/> Oui, vu <input type="checkbox"/> Oui, non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Non	<input type="checkbox"/> Oui, vu <input type="checkbox"/> Oui, non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Non		<input type="checkbox"/> Oui, vu <input type="checkbox"/> Oui, non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Non	<input type="checkbox"/> Oui, vu <input type="checkbox"/> Oui, non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Non			<input type="checkbox"/> Oui, vu <input type="checkbox"/> Oui, non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Non	<input type="checkbox"/> Oui, vu <input type="checkbox"/> Oui, non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Non		
B. Existe-t-il de règles pour : la confidentialité des dossiers des patients		<input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Non		Décrivez :								
C. Comment la confidentialité des patients est-elle respectée ? (Existe-t-il un code d'identification par exemple?)				Décrivez :								
D. Existe-t-il une armoire (ou similaire) condamnée pour les dossiers de patients ?				Décrivez :								

Questions	CTV	PTME	Dépistage Syphillis	Planification Familiale	IST	IO	TB	PEP	AAD	ART	Conseils	IEC
VI. Enregistrement des données A. Quels sont les formulaires de données ou dossiers médicaux utilisés pour les patients ? (Existe-t-il de formulaire VIH/SIDA intégré ?)	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier	<input type="checkbox"/> Type de formulaire/registre: <input type="checkbox"/> Vu <input type="checkbox"/> Non vu <input type="checkbox"/> Ne sait pas <input type="checkbox"/> Pas de dossier

VII. Règles universelles de protection

A. Existence de règles écrites pour (demander à voir une copie)

La prévention des infections? Oui, vu Oui, Non vu Ne sait pas Non

L'élimination des aiguilles et déchets médicaux? Oui, vu Oui, Non vu Ne sait pas Non

L'utilisation d'équipement de protection (Exemples : bavette, gants, casques)? Oui, vu Oui, Non vu Ne sait pas Non

Avez-vous rencontré des difficultés à mettre en place et faire respecter ces règles ? Expliquer s'il vous plait :

D. Disposez-vous d'équipement de protection ?
 (Exemples : gants, casque, bavettes, etc...)
 Oui Non

Les équipements électriques fonctionnent-ils ? (Exemples : autoclave, stérilisateur, incinérateur, etc...)

Les consommables médicaux sont-ils disponibles en quantité suffisante ? (Exemples : seringues, aiguilles, désinfectants, compresses, coton imbibé, etc...)

E. Autre commentaire:

<p>VIII. Infrastructure, Eau et Energie</p> <p>Votre structure dispose-t-elle de:</p> <ul style="list-style-type: none"><input type="checkbox"/> Une source fiable d'énergie<input type="checkbox"/> Une source fiable d'eau<input type="checkbox"/> Salles d'attente appropriées<input type="checkbox"/> Salles de conseils isolées<input type="checkbox"/> Espace adéquat de stockage des produits pharmaceutiques et des consommables<input type="checkbox"/> Espace de stockage sécurisé pour les produits onéreux (expliquer)<input type="checkbox"/> Un laboratoire d'analyses (si oui, remplir le questionnaire des services de laboratoire)	<p><i>Commentaires de l'enquêteur sur l'impact des problèmes d'infrastructure, d'énergie sur la disponibilité des produits et les prestations de services:</i></p>
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Questionnaire pour les Services de Laboratoire

Nom de la formation sanitaire: _____
Type of formation sanitaire: Gouvernementale ONG Privé Employeur Volontaire/Religieux

Recherche Autre (Spécifier) _____

Date: _____ (jour/mois/année)

Enquêteurs: _____

Noms et titres des interviewé(e)s:

Nom	Titre	Nom	Titre
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Niveau, si applicable

- Public National Privé Isolé
 Régional D'une structure clinique
 District
 Centre de santé

Tests réalisés par la structure	Prix payé par test	Le staff a été formé dans les 2 dernières années ?	Equipement disponible aujourd'hui ?	Equipement fonctionnel ?	Réactifs disponibles aujourd'hui ?	Existe-t-il de registre d'enregistrement des résultats ?	Commentaires
	O/N	O/N		O/N	O/N	O/N	
Paquet minimum pour la PTME							
CTV							
Test rapid de dépistage VIH							
Test VIH pour enfant							
Polymerase chain reaction (PCR) or p24Ag ELISA							
Dépistage Syphilis							
Initial : RPR or VDRL							
De Confirmation: TPFA or TPPA							
Determine							
Hemoglobine							
System Rh D du groupe sanguin							
Diagnostic des IST							
Coloration Gram							
Culture et test de sensibilité							
Diagnostic des IO							
Test labo pour la PPC							

Tests réalisés par la structure	Prix payé par test	Le staff a été formé dans les 2 dernières années ?	Equipement disponible aujourd'hui ?	Equipement fonctionnel ?	Réactifs disponibles aujourd'hui ?	Existe-t-il de registre d'enregistrement des résultats ?	Commentaires
	O/N	O/N	O/N	O/N	O/N	O/N	
Diagnostic de Cryptococcose							
Diagnostic de la TB							
Examen direct							
Culture							
Paquet minimum requis pour l'ART							
Examens de routine							
Formule numération sanguine							
Taux d'hémoglobine							
Ag HBs, Ac anti HBs, Ac anti HBc							
Hématocrite							
Examen de la fonction hépatique (transaminases)							
Urée							
Bilirubine							
Créatinine							
Electrolytes							
Cholestérol et lipides							

Tests réalisés par la structure	Prix payé par test	Le staff a été formé dans les 2 dernières années ?	Equipement disponible aujourd'hui ?	Equipement fonctionnel ?	Réactifs disponibles aujourd'hui ?	Existe-t-il de registre d'enregistrement des résultats ?	Commentaires
	O/N						
Glycémie à jeun							
Exam. Chimique des urines (protéinurie)							
Test de grossesse							
Goutte épaisse (paludisme)							
Examens additionnels							
Charge virale							
CD4+							

Questions additionnelles pour les Services de Laboratoires

1. Qui est responsable du suivi de la qualité des services de laboratoire ?
2. Quels sont les problèmes liés à la maintenance et à l'entretien de l'équipement de laboratoire? Quels sont les besoins actuels et futurs ?
3. D'où recevez-vous les réactifs et autres produits de laboratoire ?
4. Quels sont les consommations des produits de laboratoire nécessaire à l'ART ?
5. Quels sont les niveaux de stock actuels pour les produits nécessaires pour la PTME et l'ART ? ?
6. Comment la commande et le réapprovisionnement sont effectués pour ces produits ?
7. Quels systèmes de collecte de données et de suivi des produits de laboratoire sont en place ?
8. Existe-t-il de system établi pour la gestion des stocks de produits de laboratoire ?
9. Pouvons nous obtenir quelques copies des formulaires que vous utilisez ?
10. A quels problèmes de sécurité (s'il y en a) êtes vous confrontés en matière d'emmagasinage (stockage) et distribution des produits et équipements pour les tests requis pour l'ART ?
11. Les règles universelles de protection (protection du personnel de santé) sont elles respectées pour :
 - la prévention des infections ?
 - l'élimination appropriée des aiguilles, tranchants et déchets médicaux ?

Questions au Niveau Central

L'objectif de cette activité est d'évaluer aux niveaux central et local (points de prestation de services) l'état des services et du système et sa capacité d'initier, soutenir et/ou élargir un programme de traitement antirétroviral dans le contexte d'une chaîne de distribution sécurisée. Il y a deux parties à ce questionnaire. Le questionnaire au niveau central adressera des questions d'une perspective politique, de protocole, et de directives. Le questionnaire spécifique aux sites adressera leur capacité pour commencer à faire des traitements par ARV's.

Les questions sont basées en partie sur « UNAIDS/WHO Scaling up ARV Therapy in resource-limited settings » et d'autres sources. Elles sont basées sur l'idée que la chaîne d'approvisionnement des ARV's se termine chez l'utilisateur ; donc tous les aspects du système de traitement sont pris en compte par cette évaluation : de l'identification de la maladie jusqu'aux soins des malades/clients.

Si aucune politique ou plan n'existe, enquêrez-vous sur les plans de développement d'une politique (y compris, le personnel, les ressources et les institutions impliquées). Si disponible (même sous forme de draft/brouillon) demander une copie.

Date :

Les participants :

Les ers : nquêteu

Générale

1. Est-ce qu'un programme TAR existe déjà au Burkina Faso ? Oui ou non.
2. Si oui, qui (quel responsable, quel service) fixe la politique et les procédures utilisées dans le programme ?
3. Qui sont les partenaires et acteurs impliqués, actuels ou prévus, pour le programme TAR ? Pour les responsables de la gestion du programme :
 - Qui est impliqué ? Quelle est la relation entre les différents partenaires/programmes (CDV, pTME, ARV, IO, etc.) ?
 - Quelles sont les tâches, responsabilités ? (supervision, côté clinique/soins/service aux clients, logistique/gestion des produits, sélection des produits, etc. [tout les éléments du cycle logistique ; schéma et/ou organigramme])
4. Est-ce qu'il y a un paquet minimum d'activités définis par niveau pour le TAR ? Si oui, quels sont les éléments du paquet minimum d'activités ?
5. Quels sont les sources de financement pour le programme TAR ? Y a-t-il des fonds engagés pour :
 - a. Les ressources humaines ?
 - b. L'approvisionnement en produits ?
6. Est-ce qu'il y a un système de suivi et évaluation du programme TAR déjà établi ? Sinon, est-ce qu'il y a un système planifié ? Y a-t-il des systèmes de suivi et évaluation des autres programmes qui pourront informer le système pour ARVs ?
7. Est-ce que vous prévoyez la production des ARVs au Burkina Faso ?

Financement

1. Les clients payeront-ils pour les ARVs et pour le traitement des maladies liées au VIH? Oui ou non.
2. Si non, quel sera le niveau de subvention?
3. La subvention fera-t-elle partie du programme d'assurance de la sécurité sociale ? Oui ou non. Est-ce qu'on prévoit prendre en charge les clients les plus démunis ? Oui ou non.
4. Si oui, comment la subvention/la prise en charge sera-t-elle financée ?
5. Qu'est-ce qu'on prévoit pour les clients qui sont actuellement traités dans/par le secteur privé ?
6. Le traitement des infections opportuniste sera-t-il inclus ?
7. Quel est le coût d'ARVs par client et par mois ?
8. Le programme projette-t-il traiter les enfants ?
9. Quel système de recouvrement de coûts projetez-vous mettre en application dans le programme TAR ?
10. Le ministère de la santé a-t-il une ligne budgétaire pour les ARVs ? Si pas, y a-t-il des plans pour l'incorporer dans le budget national ?

11. Le financement externe a-t-il été engagé pour soutenir ce programme ?
12. Si oui, qui sont les donateurs ? Quel est le montant prévu et sur quelle période de temps ?
 - a. Global Fund
 - b. USAID
 - c. Banque Mondiale
 - d. Prêts
 - e. Dons
 - f. Autre(s) (préciser)

Conseils et Dépistages Volontaires (CDV)

1. Y a-t-il des directives et protocoles pour le CDV ? Oui ou non. Si oui, demander une copie ?
2. Y a-t-il des équipements pour déterminer HIV dans un contexte de CDV?
3. Où sont-ils localisés ?
4. Quel type de conseillers le programme de CDV a-t-il ?
 - a. infirmiers
 - b. assistants sociaux
 - c. autres agents sanitaires
 - d. agents communautaires ou benevoles ou personnes vivant avec le VIH (PVVIH)
 - e. autres (précisez)
5. Quel est le futur besoin projeté en conseillers ? (Nombre minimum de conseillers par site : Quel est le nombre prévu de clients anticipé qu'un conseiller peut voir par jour ? Les conseillers travailleront-ils à plein temps ou à temps partiel ? Dans quel contexte (au centre, dans la communauté, etc. ?)
6. Est-ce que le plan d'expansion des services tient en compte une distribution des services ? dans les régions et les districts ? dans les zones urbaines et rurales ? pour tous les niveaux sociales (démunis, etc.) ?
7. Quel test(s) pour le VIH ont été approuvés pour le programme CDV ?
8. Quels protocoles de dépistage pour le VIH seront employés ?
9. Y a-t-il un paiement pour les services CDV ?

Politique et Programme Nationale pour la Prévention de la Transmission de la Mère à l'Enfant (pTME)

1. Tous les participants des cliniques ante-natal (CAN) reçoivent-ils l'information sur le CDV ?
2. Est-ce que les services de pTME sont offerts au Burkina ? Oui ou non.
3. Si oui, dans quels sites ?
4. Y a-t-il des plans d'expansion du programme pTME ?
5. Y a-t-il un paiement assuré par les clients pour les services pTME? Oui ou non
6. Y a-t-il une politique nationale pour assurer l'alimentation des enfants en bas âge aux mères séropositives ?
7. Est-ce que vous fournissez **baby formula** aux mères séropositives?
8. Quelle est la politique pour le diagnostic du VIH chez les enfants ?
9. Capacité et formation des agents sanitaire
10. Avez-vous une politique nationale sur la prescription/l'utilisation (Schémas Thérapeutiques Standards des ARVs ? Oui ou non.
11. Si oui, quelles sont les conditions ?
12. Sinon, avez-vous un plan pour définir une politique nationale?
13. Avez-vous des plans pour le renforcement des capacités des ressources humaines, tels que :
 - La formation continue ?
 - Un programme d'études dans les centres de formation des agents sanitaire ?
 - Autres ?

Participation de la communauté

1. Quels sont les efforts actuels et les futurs plans pour que la participation et la mobilisation de la communauté pour soutenir le programme TAR?
Modèles ou projets pilotes ?
 - Pourriez-vous donner des exemples ?
2. Est-ce qu'il y a une stratégie nationale pour la promotion de la participation de la communauté, y compris la participation des personnes vivant avec le VIH/SIDA ?
 - Pourriez-vous donner des exemples ?

Prophylaxie post-exposition

1. Y a-t-il une politique nationale pour le PPE professionnel ?
2. Si pas, y a-t-il des plans pour définir une politique nationale?
3. Y a-t-il des ARVs dans les centres de santé et qui sont réservés à l'usage du personnel sanitaire exposé par accident au VIH ?
4. Si pas, quelles dispositions y a-t-il pour le PPE ?
5. À quel degré la PPE est-elle mise en application ?

Recherche

1. Quelle recherche autour des ARVs a été faite ou se fait au Burkina Faso (y compris la pTME) ?
2. Quels efforts de recherches dans le soin et le traitement de VIH se font ou sont prévus au Burkina Faso ?
3. Qui sont les partenaires principaux internes et externes?

Directives pour ARVs/Modèle de Soins

1. Quelles directives nationales ont été établies ou sont en cours de développement pour l'utilisation des ARVs et l'accès des clients au programme: voies d'accès au programme/traitement, quand commencer, les régimes, le suivi des clients, le contrôle/assurance de la qualité, et autres conditions d'emplacement ? (épreuves cliniques y compris, projets pilotes et programme national TAR)
2. Existe-t-il des Schémas Thérapeutiques Standards pour l'utilisation des ARVs ? Si oui, demander une copie. (on aura besoin de la liste des produits qui se trouveront dans le système)
3. Quel sera le rôle du secteur privé (praticiens) ? Quel genre de collaboration est planifié, souhaité ou prévu ? Mouvement des clients entre les secteurs publique et privé. Quel rôle le CAMEG/secteur public jouera-t-il dans la fourniture des ARVs au secteur privé ?
4. Quels sont les politiques et les plans nationaux pour l'appui d'adhérence, le rôle de **DOTS**, et la sensibilisation du client ?
5. Quelle est la capacité actuelle des ressources humaines ?
6. Y a-t-il des plans pour l'expansion ?

Prévisions des besoins en ARVs

1. Qui est ou sera responsable pour la préparation des prévisions pour le programme TAR ?
2. Comment est-ce que les prévisions sont actuellement développées pour ce programme?
3. Comment se feront les ajustements pour :

- Les médicaments pour le traitement des Infections Opportunistes et les ARVs en tenant compte de l'expansion du programme ?
 - Les changements dans les traitements qui seront nécessaires du à la toxicité et la résistance de drogue ?
4. Quel est le processus actuel pour les prévisions des produits et les demandes aux bailleurs ? Le même processus sera-t-il suivi pour les médicaments pour traiter les infections opportunistes et les ARVs? Si pas, comment sera-t-il différent ? (Interviewer devrait vérifier les procédures de revue et d'approbation, et synchronisation de la soumission des prévisions et des demandes.)

L'Approvisionnement et la Planification des livraisons

1. Tous les médicaments pour le traitement des infections opportunistes et les ARVs sont-ils sur la liste nationale de médicaments essentiels ?
2. Tous les médicaments pour le traitement des infections opportunistes et les ARVs sont-ils inscrites pour utilisation dans le pays par le service national approprié? (quel service est chargé de l'inscription des médicaments ? des ARVs?)
3. Qui est ou sera responsable de la planification, la commande, et la livraison des médicaments pour le traitement des infections opportunistes et les ARVs?
4. Décrivez les procédures et les délais pour la commande des produits des fournisseurs et des donateurs (Vérifier si l'approvisionnement est basé sur les besoins prévus et s'ils tiennent compte des niveaux stock existant, les pertes et les ajustements, les délais de livraison à chaque niveau : fournisseur, niveau national, niveau intermédiaire.)
5. Quels sont les délais pour :
 - passer une commande (au fournisseur)
 - traiter les commandes (chez le fournisseur) ?
6. Les approvisionnements sont-ils limités aux fournisseurs pré-qualifiés pour tous les produits du programme TAR ?
7. Quelles procédures d'assurance de la qualité existent pour s'assurer que les produits atteignent les standards de qualité ? (L'interviewer devrait vérifier qui est responsable et quand et combien de fois ces procédures sont mises en application. Y a-t-il une procédure documentée pour rapporter aux fournisseurs des plaintes sur la qualité des produits reçus?)
8. Décrivez la coordination entre la (les) personne(s) ou l'organisme responsable de la fourniture et ceux responsables de la réception et la distribution des médicaments et ARVs.

Réception et butidistrion des produits

1. Qui sera responsable de la réception, de l'inspection et de la vérification des quantités des ARVs reçus?
2. Qui sera responsable de la conformité aux conditions de l'Office Nationale de Drogue et de dédouanement ? (Par exemple avis d'arrivée d'expédition au port ou au service des douanes, de documentation de fournisseur de qualité du produit, de certificats de donation.)

3. Quelles sont les mesures de sécurité appliquées pour s'assurer de la sécurité des expéditions d'ARV au niveau de la réception, le transport et le stockage ?
4. Qui assure les frais de dédouanement, de stockage et de transport des ARVs?

Appui De Laboratoire

1. Quelle est la politique sur le niveau de services minimum laboratoires pour soutenir le programme TAR au Burkina Faso (des entrevues et des protocoles) ?
2. Y a-t-il en place les protocoles et les procédures laboratoires pour le dépistage VIH? Une copie est-elle disponible ? Quand les protocoles ont-ils été mis à jour ?
3. Est-ce que les techniciens de laboratoire connaissent ou ont été formés dans, l'utilisation de l'équipement et des agents diagnostiques de laboratoire exigé pour le dépistage VIH ? À quel niveau ? (national, hôpital régional, centres de santé)
4. Pour fournir ces services, combien de techniciens de laboratoire sont formés ?
5. Quel niveau de formation est exigé pour fournir ces services ?
6. Comment est-ce que cette formation est actuellement fournie?
7. Quels sont les futurs besoins et plans de les satisfaire ?
8. Qui sont les partenaires principaux soutenant les services de laboratoire ?
9. Qui fera la supervision des techniciens qualifiés des laboratoires? À quelle fréquence ?
10. Est-ce que des conseillers seront formés pour réaliser les essais rapides de VIH ?
11. Quel est le taux d'usure des techniciens de laboratoire et les plans pour leur maintenance ?
12. Quels sont les services d'essai laboratoire actuellement disponibles et fournis pour soutenir le programme TAR ? Quelle est la capacité en termes de volume ?
 - Dans le secteur public.
 - Dans le secteur privé.
 - Recherche et clinique.
 - Quelles sont les capacités à ces emplacements ?
 - Où sont-elles localisées ?
 - Depuis combien de temps sont-ils opérationnels ?
 - Quels sont les coûts liés à chacun ?
 - Y a-t-il un arrangement de partage des coûts ?
13. Lesquels parmi des essais suivants seront exigés pour l'exécution du programme TAR ? (Voir la page suivante).
14. Quel est le besoin prévu/anticipé d'expansion des services de laboratoire pour soutenir le programme?

15. Quelles normes de certification d'équipement de laboratoire et d'exécution sont en vigueur ?
16. Qui est responsable de surveiller la qualité des services de laboratoire ?
17. Quels ont été les résultats d'une évaluation d'assurance de la qualité depuis les 12 derniers mois ?
18. Quelles sont les défis liés à l'entretien et la réparation du matériel ? Quels sont les besoins actuels et futurs ?
19. Quelles sont les sources d'approvisionnement pour l'essai en laboratoire TAR ?
20. Comment la fourniture de ces agents et approvisionnements diagnostiques est-elle financée ?
21. Qui les obtient et comment ?
22. Quelles sont les plans pour le financement à court, à moyen et à long terme pour l'équipement et les approvisionnements pour l'essai en laboratoire de programme TAR ?
23. Quel est le courant et le besoin projeté de ces derniers (i.e. ce qui sont les quantités réelles de tests VIH et laboratoire d'ART fournit actuellement nécessaire, et si l'ART est présenté ou augmenté, comment les futurs besoins seront-ils prévus ?) ?
24. Qui calcule ceci et comment ?
25. Quelle est la consommation moyenne courante des approvisionnements de laboratoire aux sites qui font le TAR ?
26. Quels sont les actuels niveaux de stock des matériels de laboratoire aux sites qui font le TAR ?
27. Comment est-ce que ces approvisionnements de laboratoire sont commandés et réapprovisionnés ?
28. Quels systèmes record de garder et de surveillance d'approvisionnement sont en place ?
29. Y a-t-il un système établi de gestion des stocks aux laboratoires ?
30. Pouvons-nous obtenir des copies des formulaires de gestion des stocks aux laboratoires ?
31. Quels soucis de sécurité existent pour le stockage, la distribution et l'utilisation de l'équipement et des approvisionnements d'essai en laboratoire ?

Fiche Laboratoire

L'analyse a été exécutée sur l'emplacement	Coût par client	Le personnel formé en 2 dernières années	Équipement disponible aujourd'hui	Réactifs disponibles aujourd'hui	Y a-t-il une inscription aux résultats à enregistrer ?	Commentaires
Essai de VIH						
Diagnostic de VIH (Ab) pour des enfants ≥ 18 mois						
TB -AFB in sputum						
RPR/TPHA						
VDRL						
HbsAg						
Phlébotomie						
Compte de cellule blanche de sang						
Compte total des lymphocytes						
Hémoglobine						
Hématocrite						
Essais de fonction de foie (enzymes)						
Charge Virale						
Compte de CD4+						

L'analyse a exécuté sur l'emplacement	Coût par client	Le personnel formé en 2 dernières années	Équipement disponible aujourd'hui	Réactifs disponibles aujourd'hui	Y a-t-il une inscription aux résultats à enregistrer ?	Commentaires
O/N		O/N	O/N	O/N	O/N	
Réaction en chaîne de polymérase (RCP) Recherche VIH Dx pour des enfants						
Urée						
Bilirubine						
Créatinine						
Electrolytes						
Cholestérol et lipides						
Sucre de sang (jeûne)						
Laboratoire relatif de IO : PCP						
Diagnostic cryptococcique						
Analyse d'urine						
Diagnostic pour IST						
Essai de grossesse						

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